Rest Haven Funeral Chapel

Hagerstown. Md.

16548

Yeor

12b. KIND OF BUSINESS OR

Deibert

BETWEEN ONSET AND DEATH

20. AUTOPSY?

County

Wash.

11-18-68

NO L

State

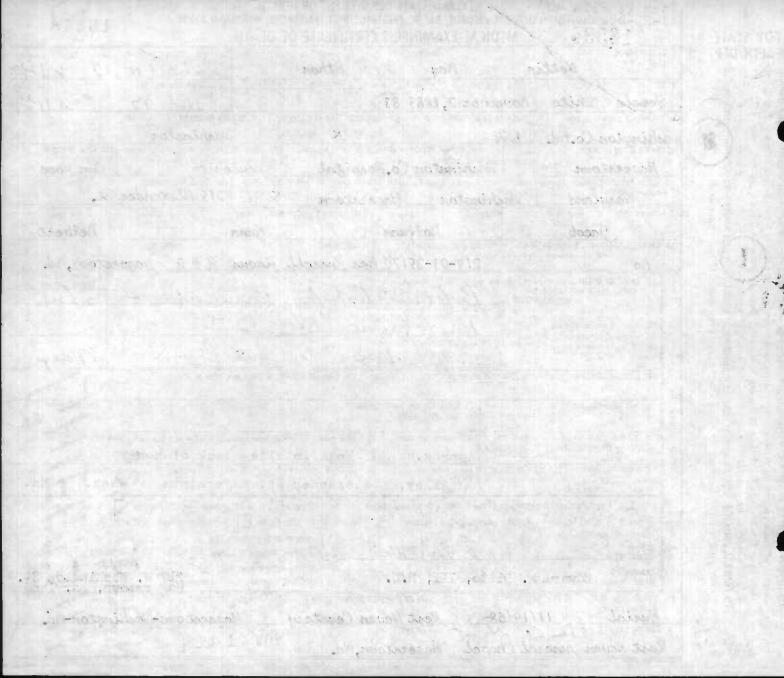
Md.

and in my opinion

Own Home

2d. HOUR

(County) Hagerst own-Washington-Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-8	0	pur	2	,	
1	U	0	4		ř

			9/12/57/12		The same of the sa	EKTIFICA	lit of Del	AIH			
		EASED-NAME	First	The Call	Middle		Last	2a.	DATE OF DEATH		2b. HOUR
	(17)	pe ar print)	Rosie	G	race	Ba	ker		November 18	1968	9:00A M
	3. SEX	3500		4. RACE		S	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	
	F	emale		White			Sept. 2,	1891	last birthdoy)	S. MUNTHS UATS	HOUKS MIN,
	7o. Bl	RTHPLACE (State	ar foreign 7	b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED		INTY OF DEATH		
		zerstown	a. Md.	T. S.	A.	WIDOWED	DIVORCED [ashington		Md.
	10. CIT	Y OR TOWN OF	DEATH		AME OF HOSPITAL OR INS	TITUTION (If not	in haspital 12	2a. USUAL OCCL	JPATION (Kind of work done		OF BUSINESS OR
0	B	onsbor	0	Fa	hrney- Kee	dy Mem	Home	None None	warking life, even if retired.	None None	
	13a. U	SUAL RESIDENCE		lived, if institut	ian: Residence befare		OWN 13d. IN	SIDE CITY LIMITS?	13e. STREET AND NUMBER		
4	admis:	ion) STATE		13b. COUNTY Washin	gton	Hagers	town YES	NO 🗌	117 Cannon	ve.	
1		THER'S NAME	First	Middle	Last		MOTHER'S MAIDEN	NAME First	Middle		Lost
1			John	Calvin	Baker			Bed	a	Hark	augh
			VER IN U.S. ARMED	FORCES? or dates of service)	16b. SOCIAL SECURITY N	IO. 17. INI	ORMANT		Address	1,17	
	M	s, na, ar unknawn	1) (it yes give wai t	n agres or service)	None	Mrs	Kenneth	L. Br	andenburg, Ke	edvsvil	le. Md.
		8. CAUSE OF D	EATH (Enter anly	one couse per lij	ne for (6), (b), and (c).		,	./	1	APPRO	XIMATE INTERVAL I ONSET AND DEATH
		PART I. DEA	THE MAJAC CALICED D	v.	rteriosa	1/	Cardin	Mare	ulas Krees	2 5	La-
		4129	IMMEDIATE			minuc	000	1040	The Contract of the Contract o		7
		Canditions, if an	which agus	DUE TO, OR A	AS A CONSEQUENCE OF						
		ise to immedio		(b)							
	5	tating the und		DUE TO, OR	AS A CONSEQUENCE OF						
	1	ast.	,	(c)							
		PART 2. OTHER S	SIGNIFICANT CONDI	TIONS CONTRIBU	ITING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 1(0)		
	CERTIFICATION	9a. DATE OF OPER	RATION 19b. CO	NDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
X	TEE						YES	NO 🗍	CAUSES OF DEATH?		
			VAS UNDERLYING	21b. TIME O	F INJURY	21c. HOV		house	of injury in Port 1 or Part 2	?, Item 18.)	
	MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Yeor	0.4		14 117		2.45	
93	E L	21d. INJURY OCC			/ AT HOME, FARM, STREET, FAC		ATION Street or P	ED Na	City or Town	Caunty	Stote
		While Nat w	hile		OFFICE BUILDING, ETC.	/	/		Α	county	3,0,0
	0	t work at we	ark —	hamitall att		15000	7	1000	10 1101/16 1	0 600	A (1) () 1 .
	1	ZZU. I CETTITY	deseased aliv	naspital	enged the decease	o rome	that in (my) (a	yr) apinian	ta	y Co and have	IT (I) (we) last
		courses s	tated above 1	(I) (ave) (dta)	(did not) view the	andy after de	inth.	or) upiniun c	death accomed an the c	Jare and nav	rana iram me
	1	2b. SIGNATURE	hi	11 11	7				220	c. DATE SIGNED	
			11/1/	11/1	en	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	C STAFF	11/19/	60
	2	2d. PHYSICIAN'S	000	PUV	-	DEGINE	22e. ADDRESS	DIRECTOR	- FIII3	111	
		NAME (Type	(a.	Win	e Van		220. 110011230	130	15 Kolen	he	6
-	220	CIDIAL CDEALATIC	DN. 23b. DA	7C	23c. NAME OF	CEMETERY OR C	DEMATORY	327	LOCATION (City or Town)	(County)	(54040)
0		BURIAL, (REMATIC REMOVAL (Specify				ill Cer				(County)	(Stote)
1		bar. Tat		21- 00	rese n	TTT CE	re cery	II.	agerstown, Wa	BIL. UO.	, Md.

VR A15 (4) 30M REV. 1/88

24. FUNERAL DIRECTOR

ADDRESS

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

John H. Bast, Jr. 112 N. Main St. Boonsbore, Md. DATE

1,000				
1001 Eder , 11 to	Movembe	redsâ	90°2	Mosie
	rear .	Sept. 2	9.73%	Perolo Service
	normalnam		(E. S. A.	
итэй	Mone	3401	v 3 4	373667368
	maso VIII	HELESTON I	77 741 1 E 94	2002.521
Symmetry I	Zedn Zedn		e.v.s	miol
			21- 60 kose H21	-11 Calcon
	Cold Park No.		112 N. Main St. Boo	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1							CERTIFICAT	E OF DEATH			2.000	-
(E)	+2-	Ī		EASED-NAME	First	Middle		Last	2a. DATE OF DEATH		0.10	2b. HOUR
24 haurs after ded	the funeral ages 1 and 2 rs after death.		(1)	pe or print) Da	aisy	V.		eatty	N	lonth Day	7 Years	773
ter	n by the fune s. Pages 1 c haurs after d	3	3. SE)		4. RACE	77157145		ATE OF BIRTH	6. AG			UNDER 24 HRS.
rs of	age rs a		_	emale		White		11/21/1891		76 YRS.	MONINS DATS IN	Min.
שני	in by rs. F 2 hau	7	o. B	RTHPLACE (Stote or fore	gn 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED [NEVER MARRIED	9. COUNTY OF DEAT			
24	d ii			Thurmont	Md U	.S.A.	WIDOWED X	DIVORCED	Washi			M
hin	主山	2	10. CI	ry or town of death Hagerstown		11. NAME OF HOSPITAL OR I give street address) Nur Garlock Nur	NSTITUTION (If not in	hospital 12a. USU during n	JAL OCCUPATION (Kind post of working life, e HOUSE WIFE		12b. KIND OF BU	SINESS OR
₹.	Carba W. W.	ī	30.	ISLIAL DESIDENCE (MILAN	deceosed lived, if i	nstitution: Residence before	13c. CITY OR TOV	/N 13d. INSIDE CITY				
requires that the death certificate be executed physician.				sion) STATE Penn	13b. COU	NTY Franklin	Waynes	0010		. Fifth	St.	
e ×	and cam remave in any ev	31	14. F	THER'S NAME First	Mic			THER'S MAIDEN NAME		Middle		Last
e pe	0 .=	-		Alb		A. Wire			aroline	٧.	Free	ezer
icate	S Q_			was deceased ever in its, no, or unknown)	J.S. ARMED FORCES? yes give war or dates of serv	16b. SOCIAL SECURIT				Address	1 262	
ertif	phy	-	-			173-03-0		Earlie W	ıreman	Thurmo	nt Md.	FINTEDVAL
th c	attending phy permit. Then ian, ar remava			1B. CAUSE OF DEATH (I PART I. DEATH WAS	inter anly ane cause CAUSED BY:	per line for (a), (b), and (117	4		4	BETWEEN ONSE	AND DEATH
dea				4129	MMEDIATE CAUSE (a)	20'	neumon	NO O		10	ATTO N	ng.
the				Conditions, if any, which		, OR AS A CONSEQUENCE	15 /h	10	1. 1/	1 hi	1116	
hat n.	ansi emo			rise to immediate caus stating the underlying	se (a), (b	, OR AS A CONSEQUENCE O	1	win cr	14 100000	N -	1	
quires th				last.	(conse		mille	eria (Be	ile)		19m	5-
quir	signed burial burial			PART 2. OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO JUS	TERMINAL DISEASE OR	CONDITION GIVEN IN PA	ART 1(a)	77	
ng l			Z	4221			/					
lav endi	as the prior ta		CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS I	PERFORMED	20a. AUTOPSY?		VERE FINDINGS CON	NSIDERED IN CERT	IFYING
The	F 3 4	4	RTFF					YES NO P				
AN I	ficate hor far use f Health			210. ACCIDENT WAS UN		IME OF INJURY A.M. Manth Day Yea	21c. HOW I	NJURY OCCURRED (Ente	er nature af injury in P	ort 1 or Part 2, Ite	em 1B.)	
HYSICIA haspital	E o to		MEDICAL	If either, notify medical	examiner)	P.M.	19					
PHYSICIAN e haspital o	ifter this cert be detached State Dept. a			21d. INJURY OCCURRED While Not while	21e. PLACE OF IN.	JURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATI	ON Street ar R.F.D. No	o. City or Tox	٧n	County	State
5 €	der der			it wark at wark	(I) (ab.: b : a - 1	\	15 (5	1- 49	7 //-	9- 600	P 11 - 11	
ATTENDIN etained by		9		sow the derec	sed olive an	ottended the decea	19 and th	ot in (my) (our) on	pinian death occurr	ed on the date		(we) lo
TEN	outo	8		couses stated	oboye, (I) (we)	(did) (did not) view the	body ofter deot	h. (,, (,, o, o	with additional and a second	04 411 1110 441	0 0110 11001 011	d Holli III
	S sh with			22b. SIGNATURE	1500	1 7/1		ATTENDING	MED. STAF		ATE SIGNED	10
L OR	DIRI ge 3			22d. PHYSICIAN'S	in.	Williay	DEGREE	PHYS.	MED. DIRECTOR PHY	5 4/-	10-6	0
Page 4 may b	ro FUNERAL DIR director, page 3 shauld be filed	1		NAME (Type)	FEWO	11/10	9- 0	220. ADDRESS WWW	slight	Lyus	from to	1
10S	auld auld	1	23o.	BURIAL, CREMATION,	23b. DATE	23c. NAME O	CEMETERY OR CREA	MATORY	23d LOCATION (City	or Tawn)	(County) /	(State)
0	0 : P &			REMOVAL (Specify)	11/12/	68 B	ue Ridge		Thurmo		derick	Md.
	VR A15 (4)		24.	UNERAL DIRECTOR	01	ADDRES	S		BY REGISTRAR 2	Sb. REGISTRAR'S S	IGNATURE	1
	30M REV. 1	B	Ch	alter U	ELANO	Waynest	oro Pa.	DATE	OV 1 3 196	8 Pelie	mean Jos	del

Unday	in extraord	ersontroum s m s (ar sc # h0eu - D4			
25		'v c 1 3			Ve left
		1907/1911		es XHX	4 5.40ms
	ucotgaldenic			.4.2.6	. htt duorenust en
	97.14 Stud	and and	H anleunt :	ostrad	disorprise.
	T SO L. Fifth	z orosa,	orea mil	120	·ems
20xep14	.V enline	10)	de all	A.A	m.c.[
all Inc	TO HE WIND				
					e om sig the property and
, doinebe	anorma	93	v	30,5	(II Estem

Verneydaya Personal Parking Pa

MARYLAND STATE DEPARTMENT DIVISION OF VITAL DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

1968

3. SEX	ASED-NAME First		Middle		Lost	2a.	DATE OF DEATH		V	2b. H	OUR
3. SEX	e ar print)	rgie	J. K	ıhn I	Bender		Nov	h Day	1968	hel	15 M
		4. RACE			DATE OF BIRTH		6. AGE (F UNDER 1 YEAR	IF UNDER 2	
	Female	Whi	te	1	March 1,	1890	last bi	thdoy) YRS. M	ONTHS DAYS	HOURS	MIN
7a. 81R	THPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	MARRIED D	NEVER MARRIED		UNTY OF DEATH				
country	Ponna.	U.S.A.		WIDOWED [Vashingto				Md.
10. CITY	OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INSTI et oddress)	TUTION (If nat			UPATION (Kind of working life, even		12b. KIND OF INDUSTRY		
Hag	erstown	A	et oddress) valon Mane	or	01481	Post N	working life, even		P.0.	Dept.	
130. US admissi	UAL RESIDENCE (Where deceo	36. COUNTY	: Residence before	Wayne:	1.45	S NO	340 W.				
		Middle	Last		MOTHER'S MAIDE		240 Mg	Middle		Lost	
14. FAT	HER'S NAME First		Crist	13.	MOTHER 3 MAIDE	Lillie		I.	Pool		
16a. W	AS DECEASED EVER IN U.S. AR		Sb. SOCIAL SECURITY NO). 17. INF	ORMANT			Address		ute,	Ind
Yes,	no, or unknown) (If yes give	war or dates of service)	173-03-04	32D Mr.	Kennet	th Kuhn	1916 S.	31st St		rre	
10	3. CAUSE OF DEATH (Enter or							- 1 0	APPROXI BETWEEN O	MATE INTERVA	
	PART I. DEATH WAS CAUSE		letesta	tic	C2. r	cinon	nz to	BIVIS	5	mo	4
	188×		A CONSEQUENCE OF								
	onditions, if any, which gave) "	er ci	no m	2 0 4	F 61	adder		5	mo	+
	se ta immediate cause (a), ating the underlying cause		A CONSEQUENCE OF								
lo	st.) (c)									
P	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	IG TO DEATH BUT NO	RELATED TO	THE TERMINAL DI	SEASE OR CONDIT	ION GIVEN IN PART	1(a)			
8	1810				I an Autonou		20b. IF YES, WEF	IL EINDINGS CON	ICIDEDED IN C	EDTIEVING	
CERTIFICATION	a. DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PER	OKMED	YES T	NO F	CAUSES OF DEAT		ASIDEKED IN C	CKIITIINO	
ERTI	o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF I	MILIDY	21/ HO	V INJURY OCCURE		re of injury in Port	1 or Port 2 Ite	em 18 \		
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Month Day Yeor	210.110	r moon occom	(Elliot Hoto	10 01 111 017 111 1 011				
¥ 2	either, notify medical exom	e. PLACE OF INJURY (A	T HOME, FARM, STREET, FACTO	PRY.) 21f. LOC	ATION Street or	r R.F.D. No.	City or Town		County	St	tate
1	Vhile Not while ot work	(0	FFICE BUILDING, ETC.	1							
2	2a I cartify that (1) (th	his hospital) atten	ded the decease	fram_J	U1-19	_, 19.6.8	, ta NOU	, 19	6 C, that	(I) (we	e) last
	saw the deceased	glive an NO	/ /	and and	that in (my)	(our) apinian	death accurred	d an the date	e and haur	and fra	m the
	causes stated abov	/e, (I) (we) (alla) (d	id nat) view the b	day direr at	Buill.	-		22c Di	ATE SIGNED		
1	ZB. SIGNAL R	001	1-11-	DEGRE	ATTENDING PHYS	MED. DIRECTO	OR D STAFF	O N	01.21	16	0
2	PILO		11/1		22e. ADDRES		1			. 1	460.70
	2d. PHYSICIAN'S		and the same of				1 4	- 1			
	2d. PHYSICIAN'S NAME (Type)	ord A.	HOFF	max	- 2/4	5 N.I.	otoma	cut.	Hese	nsta	gevr
2 23g. E	NAME (Type)	DATE A	23c. NAME OF C	mch-	2/4 REMATORY	23d	otoma	r Town)	(County)	(State)	
2 23a. E	NAME (Type) / (URIAL, CREMATION, 23b.	DATE 11/1/1968		METERY OR CO		23d So. REC'D BY REG	LOCATION (City of		(County)	(State))

Waynesboro, Penna.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion.

1, 1901 ,f	* > *		a.		a house	
, a c c c c c c c c c c c c c c c c c c		Con is Is a				Festalle
	noct nit e	W	X	.4,8,	V	• (100)
Aged Oge	e:t=i	1 0	'wO." ()w'	l malays.		nwojety s
, do b	as as ode	x o.	oteen	nklijest.		.ยกกรไ
	K.M.	LALLE	.	ing.	illia	
2.00	1916 8, 31	Color de ente.	1 . 2 056 10	173-02-		on
May 2				rany/GAO (mitora)		
					K	
2 4 160						v
o, eronelika, e			eed Hill	40 8391	11/12	Laland
		AVON	eboro, Tena	eval an	19 34 11	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

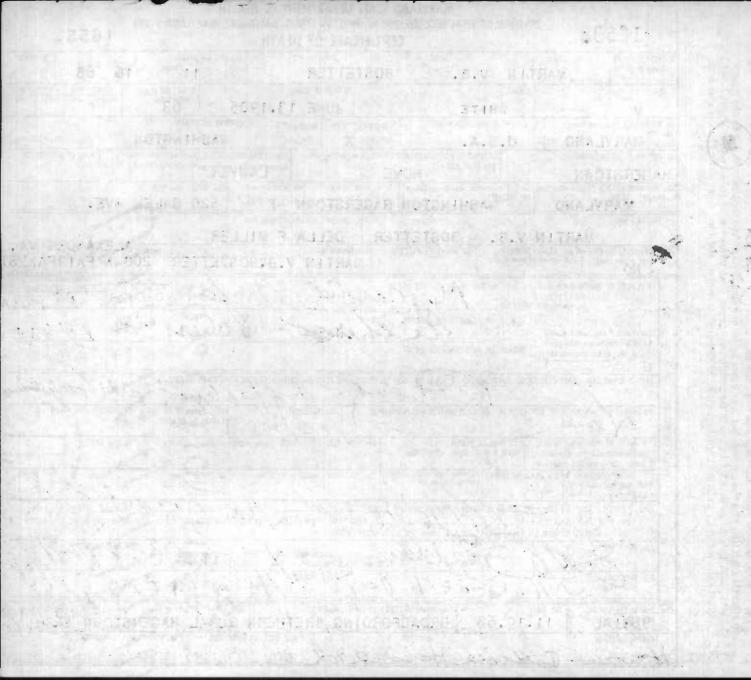
CERTIFICATE OF DEATH

16552

	-	1 DE	CEASED-NAME	Fire-A	Middle		Lost	In	- DATE OF DEAT	и		Lot House
and 2 death.				First		0001	TETTER	21	o. DATE OF DEAT	Month D	6 88	2b. HOUR
		7			8.	0031						IF UNDER 24 HRS.
		3. SE.		4. RACE			S. DATE OF BIRT		la la	GE (In years Libirthday)	MONTHS DAYS	HOURS MIN.
Pages urs aft			M	WHIT		1.		13.190	5	O YRS		
		7o. B	IRTHPLACE (State or foreign				NEVER MARRI		OUNTY OF DEA			
The same			MARYLAND	U.S.A		WIDOWED				NGTON		Md.
			TY OR TOWN OF DEATH		E OF HOSPITAL OR II		not in hospital	during most o	CCUPATION (Kind	l of work dane even if retired.)	12b. KIND OI INDUSTRY	BUSINESS OR
campletely nave carban ny event, wil	0		AGERSTOWN		HC	OME			Werking life,			
smplete ve cart event,	,	13o. odmi:	USUAL RESIDENCE (Where dissian) STATE					Id. INSIDE CITY LIMITS?		AND NUMBER	A 1 / P**	
dave y e	7		SSIGN) STATE YLAN				ERSTOWN		520	SALEM	AVE.	
ician and c lease remo and in any	11	14. F	ATHER'S NAME First	Middle	Last		IS. MOTHER'S MAID			Middle		Last
an case		11		TIN V.B.	BOSTET			FMIL	LEK	Address	H FXANE	FR VA
	10	16a.	WAS DECEASED EVER IN U.S es, na, or unknown) (If ye	s give war or dates of service)	6b. SOCIAL SECURITY		MARTIN	V. R 2RO	STETTE	R 200		REAX S
phy ova		-	NO				THE COURT OF THE C	0		4		IMATE INTERVAL
E TE			18. CAUSE OF DEATH (Ent	ter anly ane couse per line	far (b), (b), and (c	1/6 1	diel.	A	Las	din		ONSET AND DEATH
permit.				MEDIATE CAUSE (a)	Ty.		,	-/-	15	- 001	, /	how
by the attending physician and ransit permit. Then please rem crematian, ar removal, and in ar			4100		A CONSEQUENCE O	10/	1600	- 8	000	Ri	410	1 11-1
tist mat			Conditions, if ony, which grise to immediate couse	(a) (b)	an	un	ever	0	ce			gro.
d by the I-transit I, crema			stating the underlying co	DUE TO, OR AS	A CONSEQUENCE O	F					7 / 2	()
signed by the attending phys burial-transit permit. Then p burial, crematian, ar removal,		1	lost.	(c) IT CONDITIONS CONTRIBUTE	o recorn of	NOT DELATED	TO THE TERMINAL	nuller anomin	ITION THEAL IN	DADT 1/-)	1	
			HART Z. OTHER SIGNIFILAN	II CONDITIONS CONTRIBUTI	NG TO DEATH BUT	AUT KELATED	THE TERMINAL	DISPASE OKCOND	A MAA		rde York	when Descre
the ar to		NOI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS B	DEDEUDMED	20g. AUTOPS	37/2	20h JE YES	7	CONSIDERED IN (FRIIFYING
icate has been far use as the Health priar ta	V	CERTIFICATION	Now	Tro. condition for wine	TOTERATION WAS I	EKI OKINED	YES T	NO IT	CAUSES OF		CONSIDERED IN	LLV (O TINO
certiticate has been thed far use as the pt. of Health priar ta	^	CERT	210. ACCIDENT WAS UNDE	RLYING 21b. TIME OF	NJURY	21c.	HOW INJURY OCCU		ure of injury in	Port 1 or Port 2	Item 181	
for f He	9	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Month Doy Yeo	r		(,,	
hed hed		MED	(If either, notify medical e 21d. INJURY OCCURRED	21e. PLACE OF INJURY		19 ACTORY.) 21f.	LOCATION Street	ar R.F.D. Na.	City or To	ıwn	County	Stote
his etac Dep			While Nat while	(0	FFICE BUILDING, ETC.	/				/	/	
e de ate) (t his haspital) atten	ded the decen	sed from	NW.	194	I to Y	1.1/1	9 & J. tha	t (1) (we) last
d b			saw the deceas	ed alive on	V 16	19/ 1. 0	nd that in (my)	(our) opinia	n death accu	red an the d	ate and haur	and from the
				bove, (I) (w e) (di d) (c	lid pot) view the	Body after	r death.	TOPING			/	
S sh			22b. SIGNATURE	1X	en 1 V	01	ATTENDING	MED.	CT ST	FF C	DATE SIGNED	118/
ge ge	.4				W.C.	DEC DEC		DIRECT	TOR L PH	YS. L	/ / /	1968
Po be fi	1		22d. PHYSICIAN'S NAME (Type)	1.74.1.80	ach	100	22e. ADDRE	He	an	wor	m.	14)
rtar, uld	1	. 00		and part	100	COMPANY	COCHIA	100	/ Ideirian is	, ,	1	(6)
TO FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of	8	230.	BURIAL, CREMATION, REMOVAL (Specify)	11.19.68	PROAL		ING BRE		ELIRAL		(County)	VASHING
2	Si	24	FUNERAL DIRECTOR	11.17.00	ADDRES			So. REC'D BY RE		2Sb. REGISTRAR		MONTING
VR A15 (4) 30M REV. 1/6	88	1	La - 1	X 11.	24	/	1	DATECTURE 1				0 AD2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital ar attending physician. VR A15 30M REV.

tificate be executed within 24 haurs after death.



THE PROPERTY OF STATE . Du l'Optio . Els livers de l'anni proprie de la company

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	50	-	grown	- 191	
2	6 .	and the	6		
- 0	3.3	n 3	4 1	4.4	

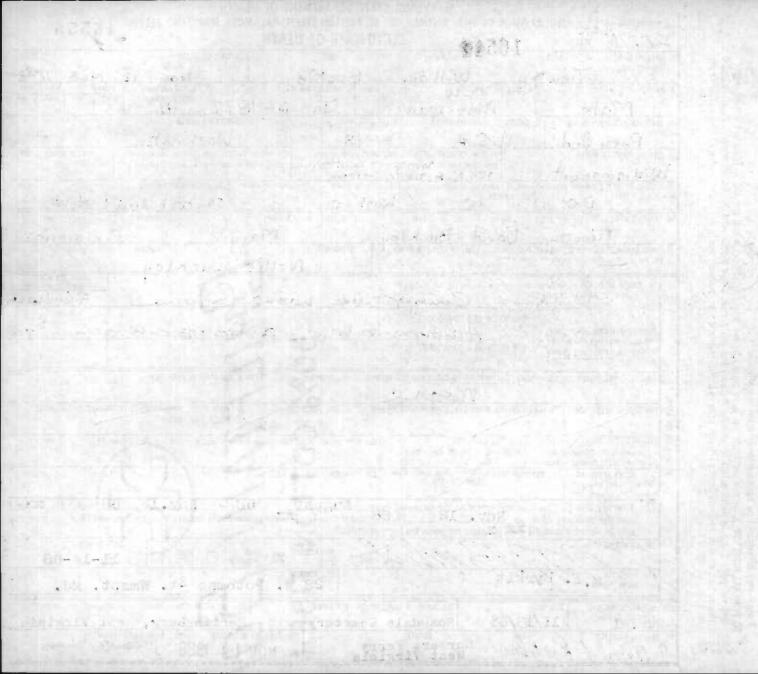
	CEASED-NAME	First		Middle		Last		20. Di	ATE OF DEATH			2b. HOUR
{1	ype or print)	JESSE		BAILEY		BROWN		NOV	EMBER"	onth 13 Da	y 68 Year	4:05a
3. SE	X	Ser line	4. RACE			S. DATE OF E	IRTH		6. AG	E (In yeors	IF UNDER 1 YEAR	
	MALE		WH	ITE		JANUA	RY 7, 1	.896	lost	birthdoy) YRS.	MONTHS DAY	S HOURS MIN
70. E	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUN	ITY OF DEATH			
cour	VIRGIN	AIN	U.S.	A.	WIDOWED		RCED 🗌	W	MASHING	TON		Me
10. C	HAGERS		give s	ME OF HOSPITAL OR INS treet oddress) SHINGTON						of wark dane en if retired.) CHIEF	INDUSTRY	OF BUSINESS OR
130				on: Residence before	13c. CITY OF		13d, INSIDE CITY U		13e. STREET AN		CITY	GOV'T
	issian) STATE	ARYLAN	D 13b. COUNTY W		HAGER					POTOMA	C ST.	
14. F	ATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S A	AIDEN NAME F	irst		Middle		Lost
	JOH	IN	C	BROWN	J		EMMA	XXX	EKEXX		CRO	OCKETT
16a.	WAS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECURITY I	NO. 17.	INFORMANT			725	AddressS	POTON	MAC
Y	es, na or unknav	vn) (It yes give	war or dates of service)	219-20-042	22 A M	RS. JES	SSIE BR	OWN		ERSTOW	N. MARI	TLAND
	IB. CAUSE OF	DEATH (Enter a	-	e for (a), (b), and (c).	- //						APPRO	XIMATE INTERVAL N ONSET AND DEATH
		ATH WAS CAUS		Brance	-	recens	unca				20	lacer-
	433	9 IMMED		S A CONSEQUENCE OF	10	111	1		1,	1	123	1
	Conditions, if a	ny, which gave		areh	and .	The	where	- ~	it	hin all	11. 0	when
	rise to immed	iote couse (a),	(b)		1	1	1	1	The state of	eyou.	4	to beat
	stating the un last.	derlying cause	DUE TO, OR A	S A CONSEQUENCE OF	1 0	loise	ule	or	en		11	Our-
	_	CIONETTE LANG.	, (c)	ceagai	ar		Anuruman	COUDITION	00/51 (1) D4	DT 1/)	17	1
	22 7	SIGNIFICANI CO	UNDITIONS CONTRIBO	TING TO DEATH BUT NO	1%	-1/	AL DISEASE UK	יטווועמט.	- 11	/	1.	1://-
NO	JJXX	-au	Mose	Cural	pear	101	reade	-	old.		regular,	expected
CERTIFICATION	190. DATE OF OP	ERATION 196	. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUT			CAUSES OF DE	EREFINDINGS (CONSIDERED IN	PERTIFYING
RTIF						YES						
	21a. ACCIDENT	WAS UNDERLY				OW INJURY O	CURRED (Ente	r noture	of injury in Po	ort 1 or Port 2,	Item 18.)	
MEDICAL	(If either, notify	y medicol exom	iner) P.M.	19	7						W. D.	
ME	21d. INJURY O	CCURRED 216	. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. L	OCATION Stre	et or R.F.D. Na		City or Tow	'n	County	State
	While Nat	wark		OTTICE BUILDING, ETC.	- 1		/			/		
	22a. I certif	fy that (I) (4	his hospital) atte	ended the decease	ed from	11/	196	2K, 1	0_//	13, 19	Gy, the	ot (I) (4ve) los
	sow th	e deceosed	alive on	11/13	9 as, ar	id that in (n	ny) (our) opi	inian de	eath accurr	ed on the do	ate ond hou	r and from the
			e, (I) (we) (did)	(did not) view the	body after	death.						
	22b. SIGNATURE		1	alls	1	ATTEND	ING _ A	MED.	STAF		DATE SIGNED	1/0
		•	mun.	Moros	Ty DEG	11175.		IRECTOR	LJ PHYS		11/14/	68
	22d. PHYSICIAN NAME (Typ		N B. MOOD	Y, M.D. /		22e. AD 36		LANI	AVE,	HAGERS	TOWN, N	MARYLAND
23a.	BURIAL, CREMAT		DATE	23c. NAME OF	CEMETERY OF	R CREMATORY		23d. L	OCATION (City	or Tawn)	(County)	(State)
	REMOVAL (Speci	4.3	11/15/68	REST H	AVEN	CEMETE	YY			N WASH	TNGTON	MD
24.	FUNERAL DIRECT			ADDRESS	Contract of the Contract of th	7 1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2Sa. REC'D B	BY REGIST	RAR 25	b. REGISTRAR'S	SIGNATURE	
/	10. 1/2	In Par	181-	UACED COOK	BEATOSE	TART	I NO	V 1	a 1988	Victo	arles &	nege

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attendeath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

VR A15 (4) 30M REV. 1/68

PROPERTY OF THE PROPERTY OF TH



VR A15 (4) 30M REV. 1/68 16544

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	CEASED-NAME	First		Middle		Last	2o. D	ATE OF DEATH		S PLAT	2b, HOUR
(1	Ype or print)	ELPHI	NE	MARY	GLING	ERMAN	NO	VEMBER	25 Doy 1	968	143
3. SE			4. RACE		02111	S. DATE OF BIRTH	110	6. AGE (In	veors	F UNOER 1 YEAR	IF UNDER 24 HRS.
	FEMALE		WHIT	re		AUGUST	28 19	00 last birth	ndoy) YRS. M	ONTHS OAYS	HOURS MIN.
	BIRTHPLACE (Stote or	foreign 7b		HAT COUNTRY?	8. MADDIED	NEVER MARRIED		ITY OF DEATH	1105.		
cani	ENNSYLVA	4			WIDOWED		WA	SHINGTO	N		Md.
	ITY OR TOWN OF DEA		U.S. A	NAME OF HOSPITAL OR				PATION (Kind of w		12b. KIND OF	
н	AGERSTON	IN		street address)	LSON E	duri	ng most of w	orking life, even i	f retired.)	INDUSTRY	
	USUAL RESIDENCE (W	here deceosed					CITY LIMITS?	13e. STREET AND N	IUMBER	K210W	IN PALLA
	SSION) STATE		13b. COUNTY	INGTON H	AGERST	OWN YESK	NO 🗌	195 w.	WILSO	N BLV	D.
		First	Middle	Lost		S. MOTHER'S MAIDEN NA	AME First		Middle		Lost
	VE	RNON		NORTHO	RAFT		AGNE	S		SMITH	
	WAS DECEASED EVER			16b. SOCIAL SECURIT		INFORMANT					RYLAND
Y	es, no, or unknown)	(If yes give war o	r dates of service)	217.16.	2979 E	ARL CLING	GERMAI	v 195 w	. WIL	SON B	LVD
		TH (Enter only o	one cause per l	line for (o) (b), and			0	,1		APPROXI	MATE INTERVAL DISET AND DEATH
	PART I. DEATH	WAS CALISED R	Y: CAUSE (a)	plestiasion	Certin	telement	Congre	loans	an de	1116	
	4120	IMMEDIATE		AS A CONSEQUENCE	DE .		1			1	
	Canditions, if ony, v		(b)	Ala"	15	-				(3 4	2,0
	rise to immediate stating the underly		1-1-	AS A CONSEQUENCE	DF .	t .	7500	1000	1100	1	
	lost.	mg tdose)	(c)							1	
	PART 2. OTHER SIGN	IIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL DISEASE	E OR CONDITIO	N GIVEN IN PART	l(a)		
Z	443 X				200	The Later					
CERTIFICATION	19a. DATE OF OPERAT	ION 19b. COI	NDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE CAUSES OF DEATH?		SIDERED IN CI	ERTIFYING
E						YES N	10	CAUSES OF DEATH			
	21o. ACCIDENT WAS		21b. TIME C			OW INJURY OCCURRED	(Enter nature	of injury in Port 1	or Port 2, Ite	m 18.)	
MEDICAL	OR CONTRIBUTING [HOUR A.M. P.M.		or 19						
W.	21d. INJURY OCCUR	RED 21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. L	OCATION Street or R.F.	D. Na.	City or Town		County	State
19	While Nat while	1 1		Corner Boilbino, Cre			11		-		
	22a. I certify th	nat (I) (this	haspital) att	tended the dece	segh fram	-2~	Dela.	10//-2	3,1%	that	(I) (we) last
	saw the de	eceased aliv	e an) (d id not) view th	, an	d that in (my) (aur) apinian d	Eath accurred	an the date	and haur	and fram the
	22b. SIGNATURE	led abave, (i) (we) (uiu)	(dia noi) view ii	e bady affer	dediii.			22c DA	TE SIGNED	
	/	1. 91	11	11/2	M DEG	REE PHYS.	MED.	STAFF PHYS.	011-	26-6	68
	22d. PHYSICIAN'S	· · · · · ·		- July	2 0	22e. ADDRESS	I L	1 1/			
	NAME (Type)	AF	MAI	1110 9	3	\$1500 W.	infugh	- Hong	eista	W M	4
	BURIAL, CREMATION,	23b. DA1		1	to a						
		200. DAI	lt.	23c. NASME (OF CEMETERY OR	CREMATORY	23d.	LOCATION (City or	Town)	(County)	(State)
	REMOVAL (Specify)	11/	/28/68	1//		HRISTIAN	23d.	LOCATION (City or			(State)

12.	G.	1 3	m	-	
1000	0.0	100	1, 1	2	

				A WOLL
12,55	avan n.	PRESENTAL	Y = A /	N 1 F 4 7 -
			2711	FEMILE
V6728	1		ا د ۱۰ م	A LESYLYSYLYS
VEN, HERET TO	CAST I	ovie despis	195 w.	MARGERSTOWN
	eer for Sail			OHAJYIA
HTIME	7736A	TFARCI	THOM	MCHREV
HASERSTONS, WARYLANDS	F LANCTOILLIO	JEAS COS.	1.01	10-10
			Same E.	

with the six in the state of th - WALAUL SER STATE CHARGE AND COLOR COLOR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-2	0	Bear	5	100
2	2.7	200	4.4	4
-1	U	1.5	0.3	- 6

		16543		ERTIFICATE OF DEATH		10001
death.	1.	DECEASED-NAME (Type or print) Mely 11	2 Maxine	Clobber	2a. DATE OF DEATH No Month 13 Day	1948 1P
s after the fun ages 1		SEX M	4. RACE Wh	s. DAVE OF BIRTH	08 6. AGE (In years last birthdoy) YRS.	IFUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
ecuted within 24 haurs after death campletely filled in by the functor ave carbon papers. Pages I and y event, within 72 hours after teath	2	BIRTHPLACE (State or foreign white) Muthsburg, Md. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL OR INS	8. MARRIED NEVER MARRIED DIVORCED DIVORCED 120. USU	9. COUNTY OF DEATH WASHINGTON AL OCCUPATION (Kind of work dane	M 12b. KIND OF BUSINESS OR
campletely f ave carban y event, with	13	HAGERSTOWN a. USUAL RESIDENCE (Where deceases mission) STATE	give street address MD. d lived, if institution: Residence before	STATE HOSPITAL UTING THE STATE HOSPITAL UTING	IMILY 136. SIKEEL AND NUMBER	Const
icac be executivized and camplease remave of, and in any eventions.		mission) STATE Maryland FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
> 0	10	to. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give war	D FORCES? 16b. SOCIAL SECURITY N 220-09-930	O. 17. INFORMANT	lie Gertrud Address opper R # 2 Cler	
that the death cerrifian. by the attending phy transit permit. Then cremation, ar remova		PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and (c).) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Parcinoma o	llung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the ician. ed by the call-transit point, crematia		Canditions, if any, which gave nise to immediate cause (o), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF		U	
w require ing phys een signe een signe he buria	1	163Y		T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
The lay are the part of the pa	2	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	YES NO I		
rsician ospital o certificat hed far ht. af Hec		OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month Day Year P.M. 19	ORY.) 21f. LOCATION Street at R.F.D. No	r nature af injury in Part 1 or Part 2, City ar Tawn	County State
ed by the het. After this id be detacted be state between the State Department of the State Department		22a. I certify tha (1) (this saw the deceased ali	haspital) attended the decease	d from 10 - 23, 196		10
be retain DIRECTOR ge 3 shau lied with th		22b. SIGNATURE	(1)(we) (did) (did nat) view the b	DEGREE PHYS.	MED. STAFF PHYS. P	DATE SIGNED 1-13-68
O HOSPITAL Page 4 may O FUNERAL directar, pages shauld be fi	/	22d. PHYSICIAN'S Edw.	n G Riley	MD 220, ADDRESS Pe	nna, Hagexsto	wn, Md2174
TO HOSP Page 4 r TO FUNE director, shauld l	KL	a. BURIAL, CREMATION, 23b. DA		aven Cemetery	23d. TOCATION (Cify or Town) Hagerstown-Wash BY REGISTRAR 25b. REGISTRAR'S	
VR A15 (4) 30M REV. 1/6	7	U/Ru.	veral Chapel Hage	MO	V 1 5 1968 gel	when Judge

THE ROLL MOVING MARINE Chipper HV 13 1918 15 11/ H-16-08 01 TENTER HEL STATE HELSELLE CAMANDA 10.47255041 (Course) Et E E E E I Told reinsyene told and referebled E E E E English Experience of the second of th . The west of the control of the con Electronic of ling bours 11.23 6 10-23 6 11-13 6 Mr. 15 120 918 Edward Poley 110 realists of do noto un serve and the state of t were the continued to the second of the seco

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		TODER.				EKTIFICATI	: OF DEATH				
		CEASED-NAME ype or print)	First		Middle		ost	2a. DATE OF	DEATH Manth Day	Year	2b. HOUR
	,		Eugene		Elmer		rad	Nou	ember 7	1968	
	3. SE			4. RACE			TE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	HOURS M
n		Male		<u> </u>	rite		cember 27	,1914	YRS.		
	7a. E	IRTHPLACE (State or try)	foreign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X N	VER MARRIED	9. COUNTY OF			
		anklin Co		USA	OF HOSPITAL OR IN	WIDOWED TITUTION (If not in I	DIVORCED		ngton (Kind of work done	Tiol Kind or	Dischures OR
nn	10. C	ITY OR TOWN OF DE		give stre	et address)		during	mast of working,	life, even if retired.)	12b. KIND OF INDUSTRY Dust	ROZINEZZ OK
	130	Hagersto USUAL RESIDENCE (V	there deceased		727 W_Chu	urch St.	V 13d. INSIDE CIT	upping (REET AND NUMBER	Dust	.ollo
21	admi	ssiapy STATE an	d.	13b. COUNTY Washi	naton	Hagersto			W. Church	St.	
			First	Middle	Last		HER'S MAIDEN NAME		Middle		Lost
1		C	harles	Lantz	Conre			lellie	Mae	R	ook
		WAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	b. SOCIAL SECURITY I	17. INFOR	MANI		Address		Md
	Y	es, na, Nunknawn)	(it yes give war	or dates of service)	204-01-54	108 Mrs.	Marie Con	rad 727	W.Church	St. Hage	rstown
		1B. CAUSE OF DEA	TH (Enter anly	ane cause per line	for (a), (b), and (c).)				APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
		PART I. DEATH	WAS CAUSED	BY: : CAUSE (a)		Acute I	ulmonary	emphyse	na		
		492	X		CONSEQUENCE OF						
		Canditions, if any, rise to immediate	which gave	(b)		Cor	Pulmonale				
		stating the underl	ying cause	DUE TO, OR AS A	CONSEQUENCE OF	Monload	Pulmonar	r emphysi	าพค	1.0	yrs
		lost.	,	(c)							U
		PART 2. OTHER SIG	NIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE O	RCONDITION GIVE	IN PART I(a)		
	NOI	19a. DATE OF OPERA	ION 195 CC	NDITION FOR WHICH	OPERATION WAS DE	PENRMEN 12	Oa. AUTOPSY?	20h IF	YES, WERE FINDINGS (ONSIDERED IN CI	ERTIFYING
2	CERTIFICATION	None	170.00	MUTTON TOR WITET	OTERATION WASTE	KI OKWILD 2	YES NO	CALISTS	OF DEATH?	ONSIDERED IN C	,KIII TIMO
	CERT	21a. ACCIDENT WA	UNDERLYING	21b. TIME OF IN	JURY	21c. HOW IN			y in Part 1 or Part 2,	Item IB.)	
	MEDICAL	OR CONTRIBUTING [CAUSE OF OEATH	HOUR A.M.	Month Day Year		ione				
	MED	21d. INJURY OCCUR	RED 21e. P	LACE OF INJURY (AT	HOME, FARM, STREET, FAI	TORY, 21f. LOCATIO	N Street or R.F.D.	Na. City	or Town	County	State
		While Not while at work of wark	e 🗌	- (0)	FICE BUILDING, ETC.		-1		_	-	_
		22a. I certify t	hat (I) (this	haspital) attend	ded the decease	ed fram_Aug	31, 19	61 , to N	ov 7º 68 , 19 accurred an the do	_68_, that	(I) (ME)
		saw the d	eceased aliv	ve an 10	v 2 '68 1	9, and the	it in (my) (our)co	pinian death o	iccurred an the do	ate and haur	and fram
		22b. SIGNATURE	rea abave,	(I) (wex (did) (di	X DOIT view lue	baay affer deaff	1.		220	DATE SIGNED	
	5-	Ha	wedk	Trites	an mi	DEGREE	ATTENDING PHYS	MED. DIRECTOR	CTACC	1-7-68	
1		204 DUVELCIAN'S					220 ADDDECC				
-	3	NAME (Type)	Dr. I	darold R.	Tritch,	Jr MD	302 N. I	Potomac :	Street Ha	gerstow.	n, Md
1	23a.	BURIAL, CREMATION	, 23b. DA	TE	23c. NAME OF	CEMETERY OR CREW	ATORY	23d. LOCATIO	N (City ar Tawn)	(Caunty)	(State)
KI		REMOVAL (Specify)	, 11	1/9/68	Rest	daven Cen	zsa. REC'I	Hager	town-Wash	ington-	Md.
S	24.	FUNERAL DIRECTOR	Vrue.	a Has	ADDRESS	. 44.4	2Sa. REC'I	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
68	1	Rest Have	n June	ral (hape	l Hager	stown, I'ld.	DATE	UA TY I	368 Jelie	med ho	7

	An according		Class		
	13 100	rossen)	43490		
	not see that			40.00.00	
.350 See	Fall red and		WILLIAM LCL	4000000	
	197 n.Chierce	FWIG3.8550	1.0556.5	, n	
Sun'	Notice and the		hossic abu	Charles	
with assection of	Harry Tar VET Severe	desir occin	201-01-3408		
	TO A S. Madding Street				
			1.00 MA		
	And High and the second				
way Joseph	151 888 8.1 70N	n (OAMATIN' Januar	Santa south	148

Maryland

2Sb. REGISTRAR'S SIGNATURE

1968

25a. REC'D BY REGISTRAR

VR A15 (1) 30M REV. 1

24. FLINERAL DIRECTOR

Albert L. Leaf Williamsport

••							
		SEOL 6	S. Set.			01,000	
		eratur Shuar				and for etc.	
	arto	3.25(0.000)	THE LETTER			Strangene	
	, to ak		unda yasaya	50 F. L. L. L. A		atrod.	
	ke; 40			Files Los	4.0	30-1	
				com and d	draw week dock who		
		0.000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		and the land				distance of	Ä
	19159/11				a sale		
				AS BE VIOL			
			Tartozapa S	Loidot	, -		
		States acrowing	all vale	*	unei a		

executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certif Poge 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

16548 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#24, FilmG407 12/3/68 km CERTIFICATE OF DEATH

16560

	ECEASED-NAME	First		Middle		Lost		2a. DATE C				2b. H	DIK.
(1	ype or print)	OLAN		WILLIAM	CI	REEK.	SR.	NOVE	EMBER		1968	6.7	AA
. SE	X		4. RACE			S. DATE OF B			6. AGE (In	years	IF UNDER 1 YEAR		
	MALE		WHI	TE		JULY	12. 19	13	last birth	hdoy) YRS.	MONTHS DAY	S HOURS	MIN.
	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED			9. COUNTY O	F DEATH				
	ARYLAND		U.S.	Α.	WIDOWED		RCED	WAS	SHING	TON			Мо
	ITY OR TOWN OF		11.	NAME OF HOSPITAL OR I	NSTITUTION (If no	t in hospitol	12a. USUAI		N (Kind of w		12b. KIND (OF BUSINESS	
HA	GERSTO	WN	WA	ve street address) SHINGTON	COUNT	V HOS	during mo	st of workin	g life, even i		INDUSTRY		
30.	USUAL RESIDENCE		ed lived, if insti	tution: Residence before			13d. INSIDE CITY LIM		STREET AND N		III.	J. UE	PI
	AARYLAN	D	WASH	INGTON	HANC	ОСК	YESK NO	□ 10	08 w.	HIGH	STRI	EET	
4. [FATHER'S NAME	First	Middle		15.	MOTHER'S M	AIDEN NAME Fir	rst		Middle		Lost	
	A	LFRED		CRE	EK		MATT	18		F.	BRA	ADY	
	WAS DECEASED EV		ED FORCES?	16b. SOCIAL SECURITY		FORMANT				AMASNO	OCK.	MD.	
	es, no, ar unknawn	(ii yes give wo	at or dotes of service)	217 09 2	795 PI	EARL	H. CRE	EK 10	18 W.		STRI	-	
	18. CAUSE OF D	EATH (Enter only	y ane cause per	line for (o), (b) and (م طا			1				NONSET AND DE	
	PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (a)	Metarte	whie (auces	cored la	or Le	ver	,	6	mo-	-1
	1991	Inneur		R AS A CONSEQUENCE O	F	,	-/	1		1		1111	
	Conditions, if any		(b)	Price	nacy	No	the un	ukas	rece		101		
	rise to immedia stating the unde		, ,	R AS A CONSEQUENCE O	F			7.11			1-00		
	lost.)	(c)			200	ME TO	ustra.		50000	11115		
	PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CO	ONDITION GIV	EN IN PART	1(a)		101101	
z	1992												
CERTIFICATION	190. DATE OF OPER	RATION 19b. (ONDITION FOR	WHICH OPERATION WAS F	PERFORMED	20a. AUT	OPSY?			FINDINGS CO	NSIDERED IN	CERTIFYING	
ZTIFI(YES] NO	CAUS	ES OF DEATH?	•		10	
I CE	21a. ACCIDENT W			OF INJURY		W INJURY OC	CURRED (Enter	nature of in	jury in Part 1	ar Part 2, It	em 18.)	-1127	
DICA	OR CONTRIBUTING	medical examin	er) P./	И.	19								
ME	21d. INJURY OCC While Not w	hile	PLACE OF INJUR	Y (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LO	CATION Stre	et ar R.F.D. No.	Cit	ty or Town	,	County	St	tate
	22a Leartify		s hospital) a	ittended the decea	end from	11/1	2 196	to to	11	14-10	50 the	at (I) (we	a) lac
	saw the	deceased al	ive an	intellided the deced	19 6 L, and	that in (n			accurred	an the dat			
	causes s	tated abave	, (I) (we) (di	d) (did nat) view th	e bady after d	leath.	77 () -[7.7				
	22b. SIGNATURE	Messale	11	alla	1	ATTENDI	NG ME	ED.	STAFF	22c. D	ATE SIGNED		
			Car	mes for	DEGR	EE PHYS.	DI	RECTOR	PHYS.				
	22d. PHYSICIAN'S NAME (Type)			7		22e. AD	DRÆSS						
230.	BURIAL, CREMATIC	ON, 23b. D	ATE	23c. NAME O	F CEMETERY OR	CREMATORY		23d. LOCAT	ION (City or	Town)	(County)	(Stote)	
	BEMONAL (Specify		/17/68	3 MT OLI	VET PR	ESBYI	EDIAN	HAN	COCK	WAS			
24.	FUNERAL DIRECTOR		-	ADDRES	S		25a. REC'D BY	REGISTRAR	2Sb. 1	REGISTRAR'S		4.00	
	Grove Fu	uneral	Home, H	ancock, Ma	ryland	21750	DATE	~ ~ 15	100	- Charle	as Im	03	

30M REV. 30M

	- 11-13-VI-8	e =	3280	16.11.11		A.J.
		- , - t v			1117	3.12.0
	* * !				1	* CHAIYEA
Ph. A. YTHLON	FingeAs		P YTV1.10			
PASSETS HOTE		(HARDOOK	1.1.72	14841	MA A MARK
YEAR . =		TTAN	H2	350		31734
HARROSK, VD.	EK INS W.		9430	\$ 60 21.		
		AU TOE				
	1 1000					

TO SCHOOL AND SO

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Last

DAVENPORT

S. DATE OF BIRTH

14.

AUGUST

2a. DATE OF DEATH

6. AGE (In years

last_birthday)

NOVEMBE

9. COUNTY OF DEATH

1892

16561

12b. KIND OF BUSINESS OR INDUSTRY FATRCH

PEACHY

GETWEEN ONSELAND DEAT

State

(Stote)

County

22c. DATE SIGNED

Clearle

Lost

IF UNDER 1 YEAR

MONTHS

2b. HOUR

IF UNDER 24 HRS.

Heath. ate be executed within 24 haurs after death risician and campletely filled in by the funeral please remave carban papers. Pages and I, and in any event, within 72 hours after death burial, cremation, ar remaval, and in any physician law requires that the death certiff permit. signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta TENDING PHYSICIAN: The be retained by the haspital ar Page 4 may

16547

First

4 RACE

WHITE

7b. CITIZEN OF WHAT COUNTRY?

HARRIS

DECEASED-NAME

(Type or print)

MALE

7a. BIRTHPLACE (State or foreign

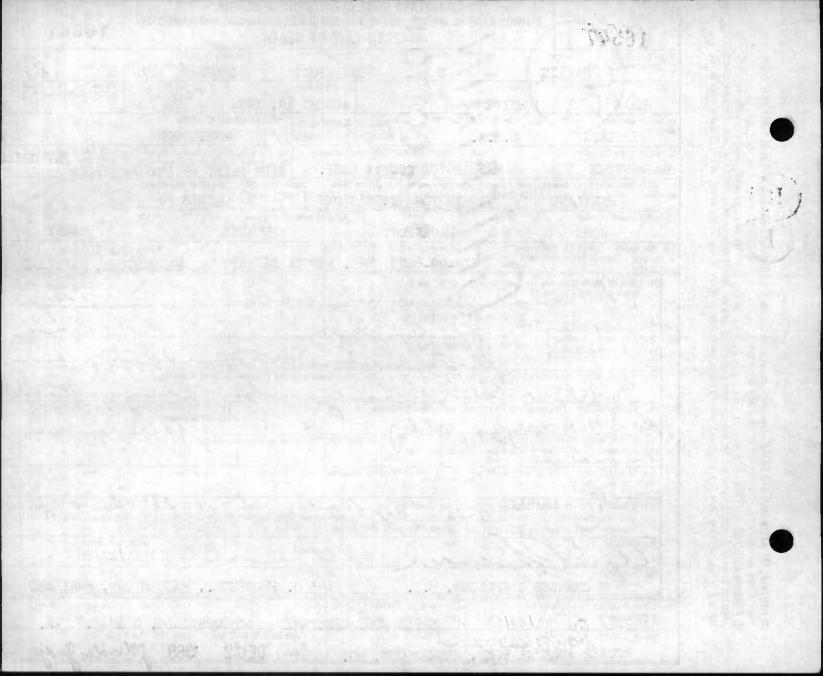
3. SEX

8. MARRIED P NEVER MARRIED country) VIRGINIA U.S.A. WIDOWED T DIVORCED | WASHINGTON 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street address) during mast af warking life, even if retired.) HAGERSTOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY ASHINGTON admissian) STATE YES ROUTE #6 HAGERSTOWN 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Middle DAVENPORT BURRUSS JOHN 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address ROUTE #6 Yes, no, or unknown) (If yes give war or dates of service) 214-09-6208 MRS. NETTIE DAVENPORT HAGERSTOWN, MARYLAN 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED YES S 21c. HOW INJURY OCCURRED (Enter noture of injury In Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at wark at wark 22a. I certify that (I) (this bospital) ottended the deceased from 19 1, and that in (n 1960, to saw the deceased alive on. .19 2, and that in (my) (5½r) opinion death accurred on the date and haur and from the causes stated abave, (1) [we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) SPENCER, M.D. 145 S. PROSPECT., HAGERSTOWN, MARYLAND 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) MAPLE WOOD CEMETERY CORDONSVILLE **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 HAGERSTOWN.

Middle

B

30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16562

25 HOUR

Dal 968

WASH.

(Stark)D.

7024	5		CERTIFICATE OF DE	ATH		
DECEASED-NAME (Type ar print)	ROWLAND	JOSE PH	DAV TES	NOVEMBER.		
3. SEX MA LE	4. RACE W	HITE	S. DATE OF BURTH	/1881	6. AGE	
7a. BIRTHPLACE (State of	r foreign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARRIED	O WAY	of PENG!	

IE UNDER 1 YEAR IE UNDER 24 HRS. yn years ron DIVORCED RUM TOCKNAMEN (Kind of work done 123), KIND OF SUSINGS OR FT 10. CITY OR TOWN OF DEATH
HAGERSTOWN 11. NAME OF HOSPITAL OR INSTITUTE OF THE PROPERTY OF THE PROPE MFG CO. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissing PMTAND 13b. (WASHINGTON FREDERICK ST. admission FIMILA 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Eirst MARGARET TEELING DAV IES ROWLAND 16b. SOCIAL SECURITY NO. 11. 17. INFORMANT BESSIE L. DAVIES HAGERSTOWN MD. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesh or unknown) (If yes give war ar dates of service) MRS. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Occlusion Instant DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Arterio sclerotic Cardio Vascular Disease 10 years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? NO 🗔 YES T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town County

While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from (we) lost m the

	eceased alive on. ited abave, (I) (w	re) (did) (did nat) view, the body			(aur)	apinion de	eath c	ccurrec	on f	he dote and hour and	l tro
22b. SIGNATURE	N. Ew	Sitte	DEGREE	ATTENDING PHYS.	1	MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED 11-25-68	
22d. PHYSICIAN'S			577-78	22e. ADDRES	SS						

E.W.Ditto W.W.ashington ST. Hagerstown 23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEM. 23a. BURIAL, CREMATION, 23b. DATE 11/26/68

ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968 DATE NOV 29

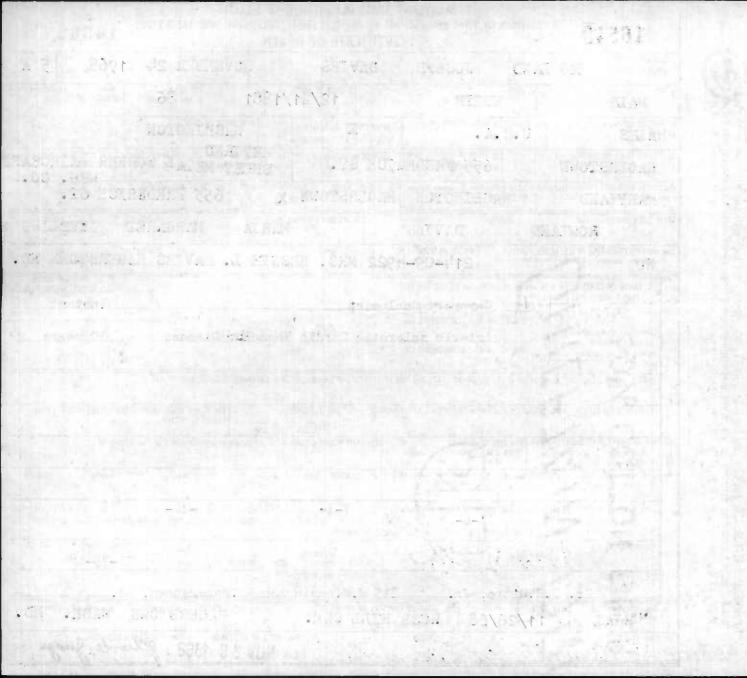
physician and campletely filled in by the signed by the attending physician and camplexaly filled in by th burial-transit permit. Then please remave carban papers. Pag burial, crematian, ar remaval, and in any event, within 72 hours. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been ad far use a shauld be detached , page 3 shauld be detache be filed with the State Dept. directar, should b

priar ta

24 haurs after death

within

VR A15 (4)



VR A15ME (5) 10M REV. 1/68

Ite	em6 Fil	mGLO7]	13/68 M	ARYLAND STATE CORDS, 301 W. P	DEPART RESTON ST	MENT O	HEALTH	YLAND 212	201		thus	
- 3	1654	9		AL EXAMINER						10	6563	
	CEASED-NAME rpe ar Print)	Fran		Middle Liss ouri	1000	wal t		OF DEATH	MATED	NOU	ay Year 1.8 1961	2b. HOUR
3. SEX Fer		White	S. DATE OF BIR	3, 1886 AGE 6 AGE		NTHS DAYS	HOURS MI	N. Month	RONOUNCED D	EAD 24	Year 19 Ga	2d. HOUR
7o. Bl	RTHPLACE (Stote	or foreign	Th. CITIZEN OF WHAT	• =	WIDOWE		VORCED	OUNTY OF DE				Md.
	ry or town of agers t		II. NA give	ME OF HOSPITAL OR INS Seshington	TITUTION (IF	not in haspit nty	durin HO	OCCUPATION (I	Kind of work even if ret	done 12 ired.) INI	b. KIND OF BU	ISINESS OR
13a. L odr	JSUAL RESIDENC missi M _ESIAI	E (Where decease land	ed lived, if institu	tian: Residence before	R.F.		13d. INSIDE CITY LIMITS?	Tour Stitlett	F.D.		lagers	town
14. FA	THER'S NAME	First Unkn	Middle OWN	Last	15.	MOTHER'S M	nknown	rst	Middle	9	la	ost
	AS DECEASED EV s, N. or unknow	ER IN U.S. ARMED I	FORCES? war or dates of service]	16b. SOCIAL SECURITY NO None		r. Mi	ller Da	aywalt	ADDRESS RFD	2,	Clear	· Spri
	PART I. D Reference of the stating the unless.	EATH WAS CAUSEI IMMEDIA ny, which gove iate cause (a), derlying couse	D BY: ATE CAUSE (a) A E DUE TO, OR (b) DUE TO, OR (c)	ne for (o), (b), and (c).) granulocyt AS A CONSEQUENCE OF Teganol (2 AS A CONSEQUENCE OF NG TO DEATH BUT NOT	00 mg sept scal	icemi. p lac	a second	lary to	smal		APPROXIMAL BETWEEN ONSI Unkno 2 da	WIN
TIFICA	190. DATE OF O		211 TIME OF	19b. CONDITION FOR W WAS PERFORMED?			OCCURRED (Enter n		in Deet 1 on D	land 2 litera		SY?
DICAL		R CONTRIBUTING [H LURRED 21e.	HOUR A.M	M. Nov 1519 6	8		Fell at	home	r Town	800	County	Stote
	WHILE NO	T WHILE T WORK	ctory, affice building	g, etc.) Home			1	Willian	nsport	Wa	ash	Md.
	22a. 1	certify that I to sulted fram:	Natural caus Natural caus Natural caus	ne remains describe es X, Accident to, III, M	□, Su - .D.	uicide, C M.D. A D A	Homicide [HIEF MEDICAL EXAM SSISTANT MEDICAL EPUTY MEDICAL EXA DDRESS(Street, city	AMINER AMINER AMINER AMINER AMINER AMINER	221 221 221 231 24) Harre	b. DATE SIG	ENED 20-6 Clishingt	ny apinian
24. F	BURIAL, CREMAT REMOVAL (Speci BURIA FUNERAL DIRECTO Thomps	Yald C	v. 20.	23c. NAME OF C 1968 Bl. ADDRES Me Clear	irs	Valle 2/722	2Sa. REC'D BY	Blairs REGISTRAR V 2 5 19	(City or Town)	TRARES SIG	ash.	Md.

I foured | Iconsell | section | consider white therein 3, 18 og 3 7 instantinah perangan dan kecamatan dan kecamatan dan kecamatan dan kecamatan dan kecamatan dan kecamatan dan k Hagoratora Towns County House Acceptance parteressit S .C. 1.8 I S .C. 1.8 majgutuses. business tiste roleid three west, S. Old . Streyel railing . Mr. Bone . S. Clerk Switz . de .gen gelle Valleg men. de. Partel Hoy. 20, 1768 Blates Velloy Inquesion Pune val Jone Olean Suring, part 100 5 190 Larence near the

Kecuted within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	. DECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR			
	(Type or print) Wort		Derr	Mapth Dov	Year _ 10			
3	. SEX	4. RACE	S. DATE OF BIRTH	November 19	1968 O'P			
3.	Male	White		lost birthdoy)	MONTHS DAYS HOURS MIN.			
70		7b. CITIZEN OF WHAT COUNTRY?	May 13, 1895	9. COUNTY OF DEATH				
10	ountro	USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED		lut l. : +			
10	Magerstown, Md. O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120, USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR			
	Hagerstown	give street address) Washington	Co. Hospital during T	post of working life, even if retired.)	Hircraft			
13	3a. USUAL RESIDENCE (Where decease dmission) STATE and	id lived, if institution: Residence before 13b, COUNTY Washington	The state of the s	UMITS? 13e. STREET AND NUMBER Ha	gerstown, Md. Hve.			
1	4. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost			
	Charles		9ci	ia Deville	Baker			
1	Ves an acupknown (If yes give we	or or dotes of service)		Address	Md.			
	Yes, na, ar unknown) (If yes aveway	pror dotes of service) 213-12-714	1 Mrs. Flora G. Der	er 422 Michigan Av	e.Hagerstown,			
	18. CAUSE OF DEATH (Enter only	y ane cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	PART I. DEATH WAS CAUSED IMMEDIA	IE CAUSE (a) COMOSESTIVE	Hemor Fricure		5 DAYS			
Н	4/29	DUE TO, OR AS A CONSEQUENCE OF						
	Conditions, if any, which gave tise to immediate couse (o), (b) Chasine havest							
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF							
	lost y (1) ARTERIOSCUSTOTTE HETET DISENSE							
L	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)				
1	DIMESTES		REFORMED 2Dg. AUTOPSY?					
	19a. DATE OF OPERATION 19b. C	NSIDERED IN CERTIFYING						
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medicol examin	HOUR A.M. Manth Doy Year		er nature af injury in Part 1 or Port 2, It	em 18.)			
	While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No.		County State			
	220. I certify that (i) (this hospital) attended the deceased from 15 200, 19 64, to 19 100, 19 68, that (i) (we) lose sow the deceased alive an 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (i) (we) (did) (did not) view the body ofter death.							
	226. SIGNATURE 0							
	Doct	a.m. a	DEGREE PHYS.	MED. DIRECTOR PHYS. 22	Mov. 1968			
	22d. PHYSICIAN'S NAME (Type) w, r	4. FENDER	22e. ADDRESS 218 N. Por	romae St. Haces	TOWN, Mb.			
2	230. BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
-	REMOVAL (Specify)	11/22/68 Rose A	lill Cemetery	Hagerstown-Wash	ington-Md.			
2	24. FUNERAL DIRECTOR Des	a ron		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE SIGNATURE			
JL	Rest Haven Funé	ral Chapel Hager	estown, Md. DATE NO	V 2 5 1968 Jane	00			

water of the same of the same maces one was institution of location trebues Cooks cook lost as the little of the the the thing store of the difficulting or separations, THE RESIDENCE OF THE PARTY OF T god mener and is and store a second of the 11/20 mg - Osc Well Contests - Lance stone-leahing and the His late with the common that the common of the common that th

			400000
Note: 13 and County			
	, 1	43340	a Stantia
Auti-ga kosek			and the second
normal by sense	Co. wassittak i no	notinonial.	molesanni
has projected ass		and reliab	a Waytood 1 In
Det			
Lower of the second of the sec			
,			
Statement and Statement			
Ber Berger Stranger	Will I was	55 A (105 A) = 23 (10 A)	In said mount mes

Waynesboro. Penna.

MARYLAND STATE DEPARTMENT OF HEALTH

thatles ... iov. 10, 18h :solitant rosenicas Eschinetory isna ary W. J. 3 . Agencit Hood hood this Carlot Torona Landa area. Service of the section of the sectio arries to the state of a contract The formation of the second of urial 11/15/15/8 ursen Mill (Armedono, Armedon), Janua. · one constant

16553

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-,	-	1				-	٠.		-	-	-			8		
-	C	F	R	T	II		(A	T	E	C)F	DE	Δ	TH	

16567

1. DECEASED-NAME	First		Middle		Last		2a. DATE O		V	2b. HOUR
(Type or print)	Clar	ence	Edward	I	forsythe		Nov	ember 10		&:00A M
3. SEX		4. RACE			S. DATE OF E	IRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
Male		White				aber 6,	1912	last birthdoy)		845
7o. BIRTHPLACE (Stote country)	or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED	9. COUNTY O	F DEATH		(m)
Hagersto		U. S.		WIDOWE	Lad	RCED		ington		Md.
10. CITY OR TOWN OF Hagerst			NAME OF HOSPITAL OR (Newspeed) Nottingh					N (Kind of work don g life, even if retired		F BUSINESS OR
		d lived, if institu	ution: Residence befare			13d. INSIDE CITY L		TREET AND NUMBER	722 02 0	-
odmission) STATE Maryland		13b_COUNTY	ington	Hagel	cstown	YES N	0 49	Nottingh	am Rd.	
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S N	AIDEN NAME		Middle		Lost
	Samuel	F.	Fors	vthe		1	Dmm a			Shepley
160. WAS DECEASED E	VER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURITY		. INFORMANT			49 Not	tingham	
Yes, no, or unknow	1) (If yes give wa	r or dates of service)	220-10-37	63 M	rs . Annal	elle F	oravth	e. Hager		
	DEATH (Enter only	γ one couse per	line for (a), (b) and (c	0.0		1	100/		APPROX	CIMATE INTERVAL
PART I. DE	ATH WAS CAUSED	BY: TE CAUSE (a)	Ceule	164	toca	edes	4 M	farch	en X	HRO.
4100		. ,	AS A CONSEQUENCE OF	111	6	100	5	10 -	4101	M
Canditions, if or		(AL)	Heder	000	we c	Crle	ups	clirol	1661	Mo.
rise to immedi		DUE TO, OR	AS A CONSEQUENCE OF	0//	en	1	des	earl	10	
last.)	(c)	10			30				
		DITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIV	EN IN PART 1(a)		THE R
× 4201										
19a. DATE OF OPE	RATION 19b. C	ONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20o. AUT			IF YES, WERE FINDING ES OF DEATH?	S CONSIDERED IN	CERTIFYING
FILE					YES					
	WAS UNDERLYING CAUSE OF DEATH				HOW INJURY O	CURRED (Ente	er noture of in	ury in Part 1 ar Part	2, Item 18.)	
(If either, natify	medical examin	er) P.M		19						
≥ 21d. INJURY OC While Not	URRED 21e. I	PLACE OF INJURY	(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f.	LOCATION Stre	et or R.F.D. No	cit	y or Town	County	State
at work at v	/ork				10	101	1-9		10	10. 1
220. I certif	y that (1) (this deceosed of	s hospital) of	tended the deceo	sed from	nd that in (h	1 (aur) on	irion doub	occurred on the	dote and how	
canses	stated abave	(I) (we) (did	(did not) view the	body afte	r deoth.	iy) (doi) op	illion dedail	occurred on the	dore ond noor	ond nom me
22b. SIGNATURE	1)	10/	2	200			-		C. DATE SIGNED	5/
X	mest	Me	WIT	DE	GREE PHYS.	NG DE	MED. DIRECTOR	STAFF PHYS.	11/10/6	Y
22d. PHYSICIAN		1.1.	2. 41	(22e. AD	DRESS 6	1	10	7/	1
NAME (Type	HR	TUK	0 010	40		14 6	Un	Heles	~ L	7
23a. BURIAL, CREMAT					OR CREMATORY	7		ION (City or Town)	(County)	(State)
BUREMOVA (Special		12- 68			emetery	Too		stown, Wa		PIG.
TA ELIMEDAL DIDECTO	(D)		ADDDEC			I JEA DEC'T	DV DECISIDAD	1 7Ch DECICTOR	D. CICKIATIIDE	

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. NOV 1

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Peshould be filed with the State Dept. of Health priar to burial, cremation, or remavol, and in any event, within 72 hours VR A15 (4) 30M REV. 1/68

ed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat

Poge 4 may be retoined by the hospital or attending physician.

13801					46935
00:- 20:-01	. (22	(Crev.)	and the second	or inf.	
	r 6, 1912 - 55	.ed 101 c e 8	e		ef:
	nosgafikasi		9	a.i .fit.	moleve).
oimani.	7 + C 21 C C 12	. in mus	is Newinsh		Lodnizasi
the mark	etizali QL	molatoral	rwrair	0	bea Cure
Commission of the commission o	ared areas	art. (ar.oF	. Figure 1	
	eul constant	federal orth	6 (1 mm		
	ar Halasta h				

VR A15 (4) 30M REV. 1468

certificale be executed within 24 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the haspital or attending physician.

16554

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16568

1		CEASED-NAME	First	TIN N	liddle	1 Lost		20. DATE OF D			2b. HOUR
1	(1)	ype or print) A	thur	- Ola	oine.	Gree	n	Nov	- Month Doy	19/8018	4:23 PM
3	. SE	X	1	4. RACE	1	S. DATE OF BI	RTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		N		W	1		24,18		lost birthday) 84 YRS.	MONTHS DAYS	NOURS MIN.
		IRTHPLACE (Stote or fo	reign 7b.	CITIZEN OF WHAT COUNT	MAKKILI	D NEVER MAR	KIED	COUNTY OF D			
L	M	d.Fred.C		U.S.A.	WIDOWE		RCED 🗌	WASHIN			Md.
1		ITY OR TOWN OF DEAT		11. NAME OF HOS	SPITAL OR INSTITUTION (III SSS) MD. STATE	nat in haspital			Kind of work done fe, even if retired.)	12b. KIND OF INDUSTRY Reti	BUSINESS OR
-		HAGERSTOWN		WESTERN ived, if institution: Reside			13d. INSIDE CITY LIMI		TKET ET AND NUMBER	Keti	era
		ssion) STATE Marylan	d	13h COUNTY ingto	on Hager	stown	YES NO		East Ant	ietam	St.
i	4. F	ATHER'S NAME Fil	rst	Middle	Lost	1S. MOTHER'S MA	AIDEN NAME Firs	st	Middle		Last
1		Не	zekial	h Green		An	na Mar	ia Be	tts		
	16a. Y	was deceased ever it es, no, or unknown)	(If yes give war or	14 ()		. INFORMANT			55 Eddet	Antiet	am St
=	-		No		9-9062 M	rs Ula	yora F	TYOL	ragersto	APPROXIA	AATE INTERVAL
		1B. CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY			bulz	v	AMPL	monio	BETWEEN OF	NSET AND DEATH
1		1890	IMMEDIATE (CAUSE (o)		L		oneo	THOTH	- 10	wes
1		Conditions, if ony, wh	nich gave)	DUE TO, OR AS A CONSE	EQUENCE OF	HOX	noble	von.	2	14	PIN
		rise to immediate co stating the underlying	ouse (o),(·	(b) DUE TO, OR AS A CONSE	QUENCE OF	Jaca	· CPM	· CVIC			1
		lost. 180 ×	19 (0058	(c)	HV	ber	N. F. JAN	100			
1		PART 2. OTHER SIGNII	FICANT CONDITI	IONS CONTRIBUTING TO D	-		. 1		IN PART 1(a)		14
1	× ×	General		arter1030					diabeta	es mel	ITUS
I	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. CON	DITION FOR WHICH OPERA		20a. AUTO	PSY?	20b. IF Y	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CE	RTIFYING
	RTIF		NI S S I MINI S			YES 🔽			Ye	2S	
		21a. ACCIDENT WAS L		21b. TIME OF INJURY HOUR A.M. Month	Day Yeor	HOW INJURY OCC	.UKRED (Enter i	nature af injury	in Port 1 or Part 2,	Item 1B.)	
	MEDICAL	(If either, notify medi	icol exominer)	P.M.	19	LOCATION C	D. D. N.		. 7:	Count	Chih
1		21d. INJURY OCCURRE While Nat while at work of wark	21e. PLA	CE OF INJURY (AT NOME, F. OFFICE BUIL	DING, ETC. 211.	LOCATION Stree	et or K.F.D. Na.	City o	or Town	County	Stote
		at work ot wark	(1) (this h	acnital) attanded th	A Tecensed from	5-77	10 6	3 to 1	0 - 16 10	68 that	(I) Ywo I last
1		saw the dec	eased alive	naspital) attended th	1968, 0	nd that in m	y) (aur) apin	ion death or	corred on the do	ate and haur	and fram the
1		causes state	ed abave (T	(we) (did) (did nat)	view the bady afte	r death.					
1		22b. SIGNATURE	1	MIRC	2, M.T.	GREE PHYS	NG ME	D. RECTOR	CTAFE	DATE SIGNED	10
1		22d. PHYSICIAN'S	my 1	30/00	717	GREE PHYS. 22e. ADD		RECTOR L	PHYS. LAT	1-18-	00
		NAME (Type)	=dw/	in 6	KILEV		1500	renn	12, Hage	rtown	Md
1	230.	BURIAL, CREMATION,	23b. DATE	23	Rosr Hil	OR CREMATORY		23d, LOCATION	(City or Town)	(County)	(State)
		REMOVAL Special				1 Ceme					Jo-Mu-
		FUNERAL DIRECTOR H	-		ADDRESS		2So. REC'D BY	REGISTRAR	25b. REGISTRAR'S		
	A	- d- a V	CAFEM	an Eunana	I HOMA IT	10.	I PERTY "	AT TELEVIS	THE RESERVE	2-4 VA 5	400

Arthur Blaine Green New 11 Act 420 201 June 24, 1084 84 02.5027.0 biolist is a see to be a see that the see of .15 majelink jes? 60 . . medianegah noighinasa bhalynak adda mina sm.A - neoro dulyerel 290-09-9062 hrs Clayors Pryor Harerstonn, id. LODULER PHEDINGNIB 12000 Hydrendens Generalized externoscierosis, osteographytis, diabetes mellitus 0 80 F1-17 68 6-13 68 0

Columns & Roll MD 1500 Penns, Hayartown, 410.

-Bariel Nov.19,1:00 Rosz Hill D Georges Lagorstonn, L. Andrew K. Colfman Funczsi Home 100,

CERTIFICATE OF DEATH

The funeral

Campletely filled (n by

ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

	10000				CE1411114	CALL OF DE	73111				
	ECEASED-NAME	First		Middle		Last		2a. DATE OF I			2b. HOUR
- (Type ar print)	Sarah	C	atherine		Griffith		Novem	ber 15,00	¹ 7 968 ear	11:00A M
3. SI	EX	400	4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
F	emale		White			May 7,	1894	40.	last birthday) 7 YRS	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State a	r fareign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED		COUNTY OF	DEATH		
	ntry) (eedysvil]	a Ma	U. S.		WIDOWED			Washir	aton		Md.
10.	CITY OR TOWN OF DI	EATH		ME OF HOSPITAL OR IN	ISTITUTION (If r	nat in haspital	12a. USUAL	OCCUPATION (Kind af wark dane	12b. KIND O	F BUSINESS OR
-			give st	shington	Co Ho		during mas		ife, even if retired.)		OTM O
13a.	Hagers USUAL RESIDENCE (Where deceased	lived, if institution	an: Residence before	13c. CITY OF	TOWN 13d.	INSIDE CITY LIMIT		EET AND NUMBER	DAIL TH	AILG
adm	nissian) STATE		13h_COUNTY Washin	gton	Keedy	sville YE	NO B	R1	d. 1		
14.	FATHER'S NAME	First	Middle	Last		S. MOTHER'S MAIDE	N NAME Firs		Middle		Last
	Tree	son	E.	Levi			Anna		Maria	C	alman
	. WAS DECEASED EVE	R IN U.S. ARMEI	FORCES?	16b. SOCIAL SECURITY		INFORMANT	214441CL		Address		A.Larocus A
	Yes, na, ar unknawn)	(If yes give war	or dates of service)	212-24-3	369 Mm	. Frishy	F G	~1 CC1 + h	Red 1	Md. Keedy:	eville
		ATH (Enter only	ane cause ner lin	e far (a), (b), and (c)		TITEM!	1.1.03			APPROX	CIMATE INTERVAL
	PART I. DEATH	H WAS CAUSED	BY:	Acute	1	· Lasti	el	Jula	~. \$	BETWEEN	ONSET AND DEATH
	4100	IMMEDIATI	CAUSE (a)			react.		-		3	7
	Canditians, if any,	which gave)		S A CONSEQUENCE OF		antino	1.0.	3_		7.	
	rise ta immediate	e cause (a),((0)	S A CONSEQUENCE OF	70	aveco	Jun	200		10	~~
	stating the under	lying cause		S A CONSEQUENCE OF							
	_	AUELCANT COMO	(t)	ING TO DEATH BUT N	IOT DELATED T	O THE TERMINAL DIS	TACE OR COL	NOITION CIVEN	IN DADT 1/a)		
2	4201	Classicani	O - CONTRIBUT	Pena 1	Come and		u Ice		IN PART I(d)		
NO	19g. DATE OF OPERA	TION TION CO	MIDITION FOR WHI	CH OPERATION WAS PI	EDENDMEN	20a, AUTOPSY			YES, WERE FINDINGS	CONCIDEDED IN	CEDTIEVING
FE	17d. DAIL OF OFERA	170. CC	MUITION FOR WITH	CIT OPERATION WAS FE	LKIOKMLD	YES T	NO F	CAHSES	OF DEATH?	CONSIDERED IN	LKIIIIII
CERTIFICATION	21g. ACCIDENT WA	SHINDEPLYING	21b. TIME OF	IMHIDV	21. H				in Part 1 ar Part 2	Nam 10 \	
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Manth Day Year		OW INJURY OCCUR	co (cuiet ii	latore at injury	/ III FOR 1 OF FOR 2,	, mem 10.)	
MEDICAL	(If either, natify m				9	OCATION S	D.C.D. N.	C'1	-		54-A
	While Not whi		LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	217. LI	OCATION Street or	K.F.D. Na.	City o	ar Tawn	County	State
	at wark at war		1 24 10 . 44	1.1.1.1	1.1	D 4/	10 /	2 10 14	-15-1	068 41-	. (1) () ()
	sow the	that (I) (this	nospital) atte	nded the deceas	led from	d that in (my)	, 17_ <u></u>	on death of	curred on the	late and hour	(I) (we) last
	couses sto	ated abave,	(I) (we) (did) (did nat) view the	body ofter	deoth.	our opini	on death o	ccorred on the o	iale ona naoi	and nam me
	22b. SIGNATURE	1. 11 1)				M. S. Orange and Co.	****	1.1755)		DATE SIGNED	
~	1	TIC	co wi-		DEGI	REE PHYS.	MED DIR	ECTOR	STAFF PHYS.	11-16	- 68
	22d. PHYSICIAN'S	1				22e. ADDRESS					
	NAME (Type)	Jose	oh Seco	ndari, l	M.D.	21 N	. Mai	n St.	, Boons	boro,	Md.
	. BURIAL, CREMATION	I, 23b. DA	TE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATION	N (City or Town)	(County)	(State)
E	REMOVAL (Specify)	11.	- 18- 68	Mt.Bri	ar Cem	etery	K	eedysvi	lle Rfd.		a. Md.
24.	FUNERAL DIRECTOR	1 2 2		ADDRESS	5		. REC'D BY	REGISTRAR	2Sb REGISTRAR	'S SIGNATURE	
Jo	hn H. Bas	st. Jr.	112 N.	Main St.	Boonsh	oro. Mada	MOVZ	0 1958	Charle	The same	04

Page 4 may be retained by the truspitation of constructing progressions and completely filled in the function physicists and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 has a should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 has a should be filed with the State Dept. VR A15 (47) 30M REV. 1/68 Service Carboning Control of the Con Penalo (mite) lat 7. 1050 To 6 6 inclusion, Ma. II. S. A. Hareswrown Laciforten Co. Hospitel Hounsville Com Homa Maryland Marnington Mostyrville 1 17 854. 1 Tyson E. Lawis Anna China 212-21-3369 g. 244-59 F. netrill ., 264. 1. Kerygrills. Joseph Secondari, M.C. - 7L W. Mein St., Bootsboro, Md. Bureil 11-18-68 No. Brier Jemetery Keedywrille Mi. 1. Mach. Mi. Cold S. dast. T. 112 H. Main St. Scopenor, Ma. 16556

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkian and Completely filled in by the transit director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.

Kompletely filled in by the

xecuted within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/88

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16570 CEDTIFICATE OF DEATH

			CENTILICATE O	DEATH			
1. DECEASED-NAME (Type or print)	First Edythe	Middle Ma e	lost Haisto		November	6,1 ⁹ 68	3 HOUB
femal	4. RACE	white	S. DATE OF	BIRTH 3-1897	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (Stote or country) Maryland 10. CITY OR TOWN OF DE	US ATH 11.	A NAME OF HOSPITAL OR I	NSTITUTION (If not in hospite	VORCED 120. USUAL O	Washington (CUPATION (Kind of work done	12b. KIND OF B	M BUSINESS OR
13a. USUAL RESIDENCE (V	stown Was there deceosed lived, if institt d. 13b. COUNTY	tion: Residence before Wash.		13d. INSIDE CITY LIMITS?		industry om	
14. FATHER'S NAME	First Middle Lemuel Schi	nde1	1s. MOTHER'S	MAIDEN NAME First Ma	middle ry Lobert		Last
16a. WAS DECEASED EVER Yes, na, or unknawn)	IN U.S. ARMED FORCES? (If yes give war or dales of service)	None		rence E.	Haiston Hage		
	which gove (b) (b)	AS A CONSEQUENCE O	ning oce	lusier			ate interval iset and death
11.	VIFICANT CONDITIONS CONTRIB	1 ellet	'vy	JTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CER	RTIFYING
Grant Contributing (If either, notify me 21d. INJURY OCCUR While Nat while at wark 22o. I certify to sow the d	CAUSE OF CEATH HOUR A.M. dical examiner) P.M. RED 21e. PLACE OF INJURY	Month Day Yeo (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.)	sed from 3/02. 19 21f. LOCATION S sed from 19 20 20 20 20 20 20 20 20 20 20 20 20 20	reet ar R.F.D. No.	STAFF C	County that	State (I) (we) loo
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-196	23c. NAME O	F CEMETERY OR CREMATORY Hill Cemet	ery	3d. LOCATION (City or Town) Hagerstown, M		(Stote)
24. FUNERAL DIRECTOR Minnich I	uneral Hom	ADDRES Hagers		DATENOV 1		SIGNATURE	ge

				T-12-14 5 ,	Pedas
0.3	n	ne in citi			
		Series - L.	69.61		
	trail an				bus braid
	talmenta		oli si tico.	Constitution	gondi.
A R. San	on since				
	Tanada yro		feet	ldag lange	4
. Markonsky	on modelas .	pono in Li. ol	ente X		
	11 70 70 10 10 1				
	182 6 1	V815-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	diestarens.	andl iston	a rie broliv

16557

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212
CERTIFICATE OF DEATH

16571

		First Pa	Middle Louise	Last Earsh	2a. DATE OF DEATH	1968 ²
3. S	Female	4. RACE Wh:	ite	S. DATE OF BIRTH	6. AGE (In years lost birthogy)	IF UNDER 1 YEAR IF UN MOUTHS 145 HOUSE
7o.	BIRTHPLACE (State or foreign intry) Mary Le	7b. CITIZEN OF WHAT	i iiin	RIED NEVER MARRIED WED DIVORCED	9. COUNTY OF DEATH Washington	
79	city or town of death Hagerstown	giv		nty Hospiteling	SUAL OCCUPATION (Kind of work dane most of working life, even if retired.) Telephone Ope	12b. KIND OF BUSIN INDUSTRYTOLO
2/ adm	USUAL RESIDENCE (Where dininsion) STATE Md.	eceased lived, if institution 13b. COUNTY	Residence before 13c. Cl ashington Wi	TY OR TOWN 13d. INSIDE CI 11iamsportes X		ae St.
1 14.	FATHER'S NAME First	Middle H.	Harsh	15. MOTHER'S MAIDEN NAM	Malinda	Wilso
160	Yes, no or unknown) (If yes		66. SOCIAL SECURITY NO. 220-03-0513A	17. INFORMANT Miss Lula Mo	33 W. Poto	omae St. rt Md.
	Canditians, if any, which g rise ta immediate cause stoting the underlying ca last.	due (d), DUE TO, OR AS (c) T CONDITIONS CONTRIBUTION	A CONSEQUENCE OF Therescles A CONSEQUENCE OF G TO DEATH BUT NOT RELA		by porter : 00 OR CONDITION GIVEN IN PART 1(a)	10t
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORME	D 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFY
MEDICAL CERI	OR CONTRIBUTING CAUSE C	DEDEATH HOUR A.M. yaminer) P.M.	Month Day Year		nter nature af injury in Part 1 or Part 2	2, Item 18.)
W	While Not while	(0)	FFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.		County
	220. I certify that (1) saw the decease couses stated o	(this hospitol) attended olive an No bove, (I) (Me) (stat) (d	ded the deceased from 1968 id nat) view the body of	n, 19 ., and thot in (my) (our) of fter death.	opinion deoth occurred on the	dote ond hour and
1	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Enfect	- ~ K, 't	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF 22 DIRECTOR D PHYS. D /	c. DATE SIGNED
1	REMOVAL (Spacify)	23b. DATE Nov. 14-68	23c. NAME OF CEMETER Rest Haver	Cemetery		(County) (SI
24.	FUNERAL DIRECTOR	af Williamsr	ADDRESS		V 1 5 1968 25b. REGISTRAN	R'S SIGNATURE

				tesal
The state of the s	Action 1	neloni		
		(tot)		
			7.3.5	ecal great
		O coretina		
		not meta		
TO TAKE IN THE LOCAL PROPERTY OF THE PARTY O		4/12		bles.
A CETTER CALL CASCORD USE.	Carlos M	131-11-13	and some one were two own some per	
Table - Line - Silver	damen 1			
				- Personal Property
			· Land	
		arter :		iệu thi ha trung
			n tax (ax	
			7.70	
			1.21	
· or . was a conserved to	gradient de	res from		
MOV 1 S 1968 A WAY A STANK				

. %-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W.

PRESTON	STREET,	BALTIMORE, N	IARYLAND	21201	1	6	5	7
CATE O	F DEA	TH				-	101	

					The State of the S	ENTIFICA.	IE OF DEAL	П			
rely filled in by the funeral roam pagers. They are a and 2 within 7 haugs offer death.	w		CEASED-NAME Fir	t2	Middle	7.00	Last	2a. DATE			2b. HOUR
and 2		(1	ype ar print) Cvnt	hia P.	Heinbaugh			1	1 Month Do	Y 68	5 A.
fun ter		3. SE		4. RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
丰夏			Female	Cauc	asian		July 6.	1917	last birthday) 51 YRS.	MONTHS DAYS	HOURS MIN
()		7a. E	IRTHPLACE (State or foreign		F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED .	9. COUNTY			
E 8 =		caur	Pennsylvani	2 11	.s.	WIDOWED	DIVORCED	Moot	ington Cou	n + **	
lled in	7	10. C	ITY OR TOWN OF DEATH	1	1. NAME OF HOSPITAL OR INS	TITUTION (If nat i	4-	USUAL OCCUPATION	(Kind af wark dane	12b. KIND OF	BUSINESS OR
ely fi	79		Hagaratown				durin	g mul Rentire	even if retired.)	INDUSTRY	
		13a.	Hagerstown USUAL RESIDENCE (Where dece	ased lived, if ins	stitution: Residence before	13c. CITY OR TO	OWN 13d. INSIDE	CITY LIMITS? 13e.	actory STREET AND NUMBER	dres	ss fact
omplete ve carl event,	75	admi	ssion) STATE Penna	13b. COUN	Y Franklin	Mercer	sburo YES		Rt. 1, Merc	ersburg	
	3	_	ATHER'S NAME First	Midd			NOTHER'S MAIDEN NA		Middle		Last
and comple remave co	0		Asbu	ry Pine	9				Shives		
egs remo	H	16a.	WAS DECEASED EVER IN U.S. A			10. 17. INFO	ORMANT	000100		R.D.1	- 17
\$ 7 =		Y	na, ar unknawn) (If yes giv	e war or dates of service	208-211-			Heinha	ugh Merce	nehuna	Po
an. by the attending plays transit permit. Then a crematian, ar remaval,		Fi					orara n.	HOTHDA	ugu Meree	APPROXI	MATE INTERVAL
the attending passing			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	CED RY-			0-4				ONSET AND DEATH
attendin permit. ian, ar re		J.P	201 IMME	DIATE CAUSE (a)		ory arr	est			rew n	ninutes
pe of pe	M	7	Canditians, if any, which gave		OR AS A CONSEQUENCE OF						
by the ransit			rise ta immediate cause (a)	(b).	Brain tumor			V 100		iew n	nonths
nding physician. been signed by the attending physician is the burial-transit permit. Then iar ta burial, crematian, ar remave	83		stating the underlying caus		OR AS A CONSEQUENCE OF						
physici signed burial-t burial,	91		last. 237X) (c)	DIDUTUO TO DESTRUDIT II			AD CAUDITION AS	15th At Dags of h		
sig ph			PART 2. OTHER SIGNIFICANT C		KIBUTING TO DEATH BUT NO	OF RELATED TO T	HE TERMINAL DISEASE	OR CONDITION GI	VEN IN PART I(a)		
al or attending icate has been far use as the Health priar ta		NO	diabetes		a hidden open attold hide ne	DEOD MED	DO ALITO DOVO	Logi	AT ARE WIEDE SINDINGS	CONCIDENCE IN C	FOTIFICATIO
ten as b as pric	1	CERTIFICATION			R WHICH OPERATION WAS PE	KFUKMED	20a. AUTOPSY?	CALL	IF YES, WERE FINDINGS (SES OF DEATH?	CONSIDERED IN C	EKTIFYING
or at the hard	de	ERTIF	11-12-68 21a. ACCIDENT WAS UNDERLY	brain	tumor	In unu		CAU		L. SAN	
ol o licati for Hec			OR CONTRIBUTING CAUSE OF D		NE OF INJURY A.M. Manth Day Year	21c. HOW	INJURY OCCURRED (Enter nature at ii	njury in Part 1 ar Part 2,	Item 18.)	
spit ed ed of		MEDICAL	(If either, natify medical example)	miner) F	P.M. 19						47
by the has frer this ce be detache State Dept.			21d. INJURY OCCURRED 21	e. PLACE OF INJU	IRY (AT HOME, FARM, STREET, FAC	TDRY,) 21f. LOCA	TION Street ar R.F.D	. Na. C	ity ar Tawn	Caunty	State
the thi det			While Nat while at wark							Contract to	
by fter be Stat		Re	22o. I certify that (I) (this hospitol)	ottended the deceose	d fram	-8-68 , 1	9, to	11-15-68, 19), that	(I) (we) la
A: A			sow the deceased	alive on	1-14-68 1 did) (did not) view the	y, and t	nat in (my) (our)	apinion deof	n occurred an the d	ofe ond hour	ond from th
cror: Afte should be should be rith the Sta	3		22b. SIGNATURE							DATE SIGNED ,	
AL DIRECTOR: A Page 3 shauld e filed with the			A.E.	1 de	dullah	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF //	115/	1968
y by by gode			22d. PHYSICIAN'S			DEGMEE	22e. ADDRESS	DIRECTOR =	7 1113.	/ - /	
RA Pe	1			. Adull	ah, M.D.			Potomac	Hagerstown	. Md. 21	1740
Page 4 may b TO FUNERAL D director, page shauld be file		230		D. DATE	23c. NAME OF				TION (City or Town)	(Caunty)	(State)
O FUN direct shaul			REMOVAL Specify 1 a 1		68 Fai	rview		Mer	cersburg	Frankl	in Pa
=		046	THURS IN SUPECTOR		ADDRESS		- Los Dr		acl projetty by		

VR A15 (4) 30M REV. 1/68

16553

enti yawasa sevind b tall

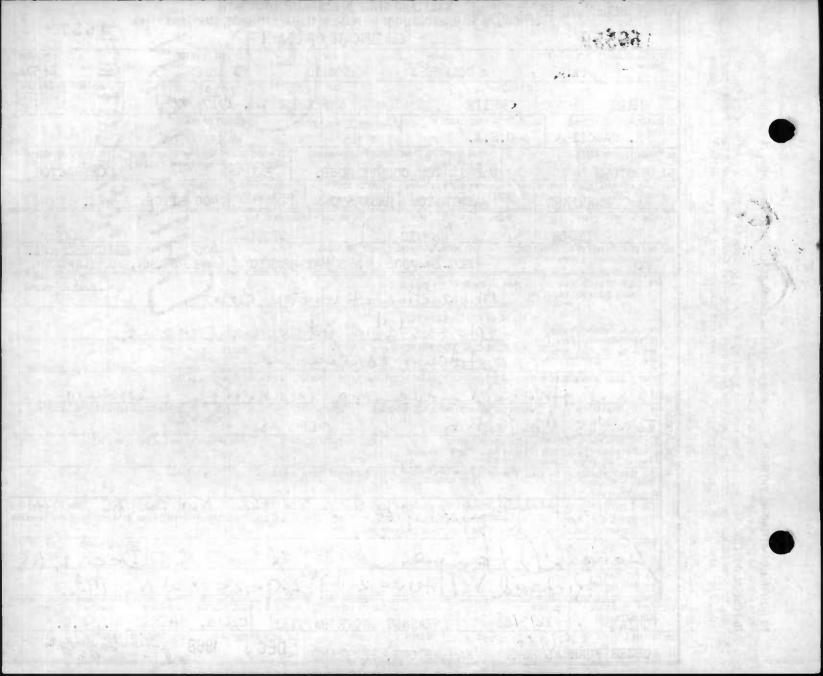
. f.C. . 1 = 10 Grupp - bricky | pascaloll. 1 | f.Dayon obdy-15-005 |

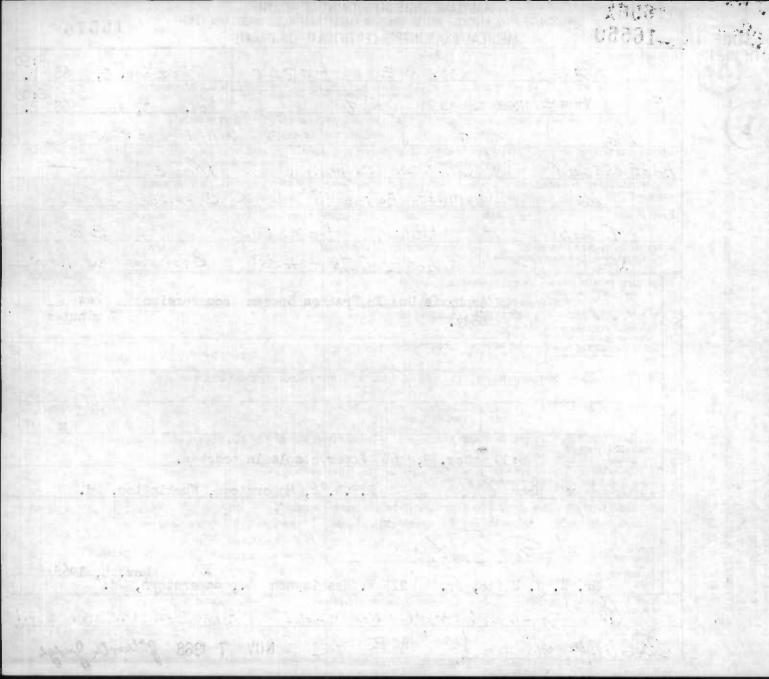
. It was a remark of the Ph. surres 11/11/63 Paleylas

ซอร์แรคดูก

MARYLAND STATE DEPARTMENT OF HEALTH

Item5 FilmGh07 12/12/68 kk





116	561 d,e.	MARYLANI DIVISION OF VITAL RECORDS,	O STATE DEPARTMENT OF		4000
Iter		cen from birth cen		IIIIONE, MANTONIO 21201	16575
1. DECEASE (Type or	D-NAME First	Middle Boy	Lost	2a. DATE OF DEATH Manth Doy	Yeor 3:58
3. SEX	DE. D.Y	4. RACE	S. DATE OF BIRTH	November 26 6. AGE (In years lost birthday)	IE UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	BLACE (State or foreign	White 7b. CITIZEN OF WHAT COUNTRY?	November 26,	9. COUNTY OF DEATH	1 50
country)	aryland	United States	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Washing	ton M
ID. CITY OF	R TOWN OF DEATH agerstown	11. NAME OF HOSPITAL OR INS give street address) Washington	County Hospital	JAL OCCUPATION (Kind af work done nost af working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL admission)	L RESIDENCE (Where decease STATE Md.	d lived, if institution: Residence before 13b. COUNTY Washington	13c, CITY OR TOWN 13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBER NO□ 512 Salem Av	enue
14. FATHER	R'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Last
	John DECEASED EVER IN U.S. ARM			Address	Coyle
res, no.		or or dates at service)	Mother 512	Salem Ave. Hager	Stown Md
Cond rise t stotic last.	PART I. DEATH WAS CAUSED IMMEDIA Graphitians, if ony, which gave to immediate cause (a), and the underlying couse (b).	y ane cause per line for (a), (b), and (c). BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	noterily	CONDITION GIVEN IN PART 1(0)	GETWEEN ONSET AND GEATH
2 190. I	DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPSY? YES □ NO □	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
₹ □ OR	ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF DEATH ither, natify medical examin	HOUR A.M. Month Doy Year		ter nature of injury in Part 1 or Part 2, 1	tem 18.)
While at wa	INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, EAC OFFICE BUILDING, ETC.			Caunty State
220	. I certify that (I) (thi saw the deceased a causes stated obave	s hospitol) ottended the decease ive anl , (1) (we) (did) (did not) view the	ed fram /// 2 6 , 19 9 6 , and that in (my) (aur) ap body after death.		
22b.	SIGNATURE) D 1	Ivue h. M.		MED. STAFF DIRECTOR PHYS. D	DATE SIGNED
22d.	PHYSICIAN'S NAME (Type)	D. Dove. Jr.	22e. ADDRESS Hage	erstown, Maryland	
23a. BURI REM	IAL, CREMATION, OVAL (Specify) 23b. I	DATE 23c. NAME OF	CEMETERY OR CREMATORY COUNTY HOSPITAL	23d. LOCATION (City or Town) HAGERSTOWN, MAR	(County) (Stote) YLAND
24 FUNES	ral director which of	ADDRESS	ash & Horp DATDE (BY REGISTRAR 2Sb. REGISTRAR'S 2Sb. REGIS	

DATOEC 6

1968

Misselas Vudal

Andrew K. Coffman Funeral Home Inc.

VR A15 (47)

MOTOR DE AW AND SECTION OF THE PROPERTY OF 10 0 0 0 11 21 tova daren 1905 i. 1905 i. 1905 i.arch ave THE STATE OF THE S the till the facilities to the property and the second -nrial 12/5/65 Tosa A til Verntesy H dec stona m_sn to Hd adres K. Coff an Fanaral "cre m.c. this washing

wolfe to the state of the state

n.osemegal

The results fout a second new transfer business business and the first of the contract of the

Cross U. Hosell

.bc.,noszenski liggere, horon ..towil And

toefvace, efficyces vrfameS weivitat 8001,00.vox isjaul Service S. 1986 Control of the State of the

VR A15ME [5] 10M REV. 1/68 24. FUNERAL DIRECTOR

Albert L. Leaf Williamsport Md.

Nov. 21-68

Sharpsburg 2Sa. REC'D BY REGISTRAR

Mt. View Cometery

ADDRESS

2Sb. REGISTRAR'S SIGNATURE

16578

Year

196 &

12b. KIND OF BUSINESS OR

lost

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12-24hr.

20. AUTOPSY?

County

11-19-68-

(County)

Wash.

YES TO NO T

and in my apinion

(Stote)

Md.

State

Mo

Ebersole

Md. RFD 1

2b. HOUR

5AM

2d. HOUR

Williamler Jusque

costant serial series held the of the collaboration of the latest Accounting to the second of th the age of the parties of the same of the The state of the s The contract of the contract o The Second and Charles Control of the Second Second

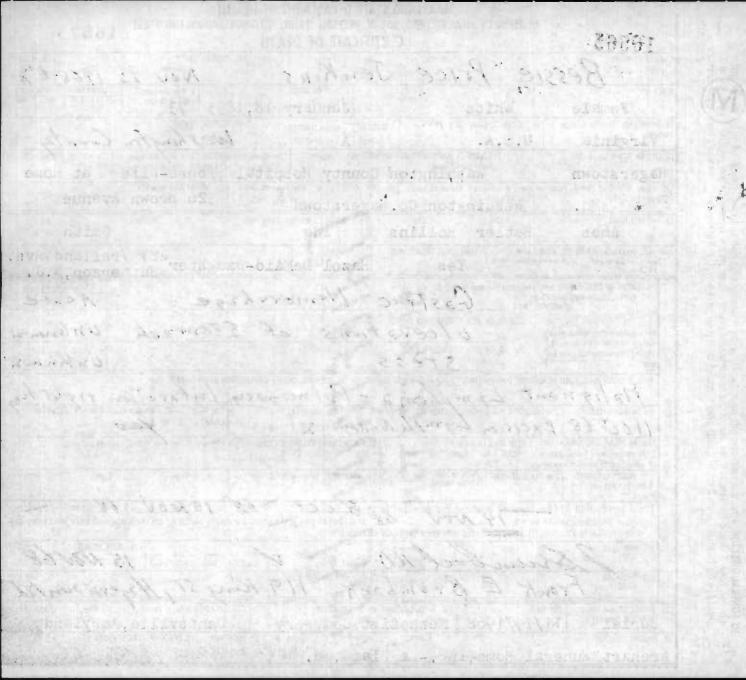
ADDRESS

Funeral Home. Inc. - La Plata. Md.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16580

16565 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Yeor THEODORE 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE UNDER I YEAR IE LINDER 24 HRS last birthdoy) PAULUM 1906 MALE WHITE DECEMBER 25. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED A NEVER MARRIED WIDOWED [DIVORCED [WASHINGTON VIRGINIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.) give street oddress) INDUSTRY HAGERSTOWN SELF-EMPLOYED WASHINGTON COUNTY HOSP 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 3 NO T 725 GEORGE STREET 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First First Middle SYLVESTER KING FLORENCE RAINES 7256 Address TNG 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 214-09-7333 MRS HILMA KING HAGERSTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o). DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (this kinds attended the deceased from Rec 3/ , 19 fg , to Plane 6 , 19 68 , that (I) (We) lost saw the deceased alive an 1968, and that in (my) (Will) apinion death occurred on the date and haur and from the couses stoted abave, (I) (XX) (did) (did nat) view the bady ofter death 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. DEGREE PHYS. L PHCKER 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ROBERT 145 W WASHINTON ST., HAGERSTOWN, MD. L CAMPBELL. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) MOUNTAIN VIEW CEM SHARPSBURG, WASHINGTON REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

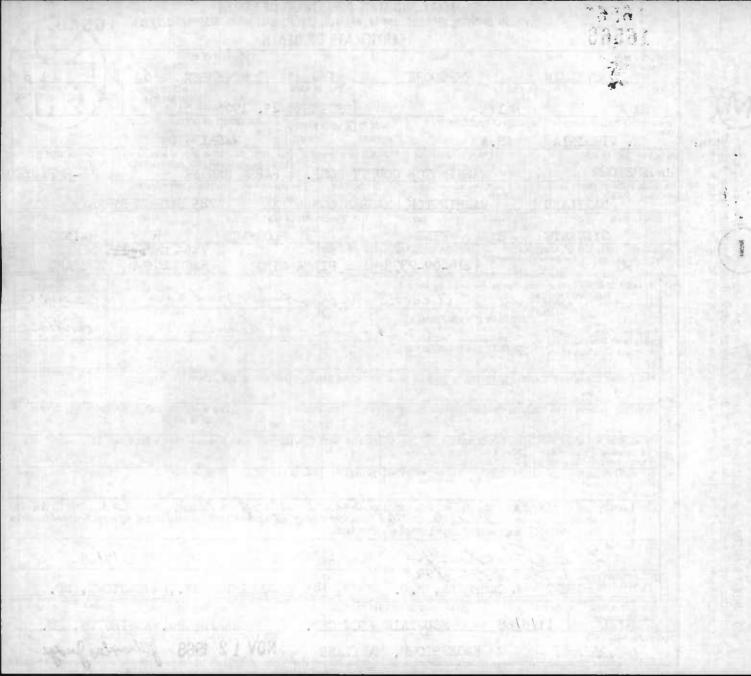
HAGERSTOWN, MARYLAND

.⊑ emove corbon burial-transit O FUNERAL DIRECTOR: After this certificate has been the for use Heolth director, should

executed within 24

requires that the death certificate

VR A15 (4)



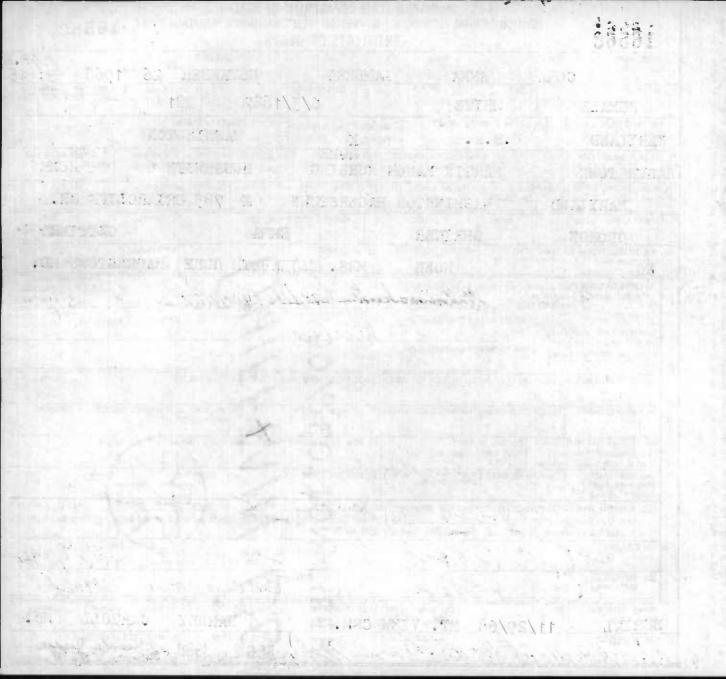
VI teles players Koka New 12 1968 78 White 12-13-31 36 Penale HARVESTOWN TO THE STREET FOR STREET BOX STREET TO THE STREET BOX STREET Cornomo et hom Februs 0 83 21-11 88 12-01 88 (0) Alin 19 Men MB Edwin & Riter H.D 1500 Pourshiams Happdown !! deoth.

ithin 24 hours

CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last		DATE OF DEATH	.1	v	2b. HOUR
(1	Type or print)	COR	A E	MMA	LAME	BERT	NO	VEMBER MO	^{nth} 26 Do	1968	9: 15
3. 58	X		4. RACE			S. DATE OF BIRTH		6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 NRS.
	FEMAI	E	WHI	ITE		6/5	/1887		thday) YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State Di		7b. CITIZEN OF WH			NEVER MARRIE		OUNTY OF DEATH	MON		
I	MARYLAND)	U.S.A		WIDOWED			WASHING	TON		Md.
	CITY OR TOWN OF DE		11. NA	ME OF HOSPITAL OR IN	ISTITUTION (If r	RSING		CUPATION (Kind a		12b. KIND OF INDUSTRY	F BUSINESS OR
				an: Residence before		TO TILO	INSIDE CITY LIMITS?	13e. STREET AN			
adm	CTATE	LAND	13b. COUNTY	ASHINGTO	N HAG	ERSTOWN				LIFF D	R.
14.	FATHER'S NAME	First	Middle	Last	1:	S. MOTHER'S MAIDE			Middle		Last
	GEOF	RGE	5	SHR INER			EMMA			GETT]	ER
16a	WAS DECEASED EVE	R IN U.S. ARM	IED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT		NI TO CALL	Address		
,	(es, na, ar unknawn)	(IT yes give w	ar or dates or service)	NONE	M	RS. ELI	ZABET	H DUEY	HAGE	RSTOWN	MD.
	*		y ane cause per lin	e for (a), (b), and (c))) /	4	1.	1			ONSET AND DEATH
	PART I. DEATH	H WAS CAUSED	BY: TE CAUSE (a)	telenos	derole	e cara	io bas	sellar		- 3	you
	412	9		S A CONSEQUENCE OF		/	100				1
	(conditions, if ony, which gove)										
	rise to immediate		DUE TO, OR A	S A CONSEQUENCE OF		V CL		100			
	stating the underlying couse (c)										
	PART 2. OTHER SIG	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
z	4221										
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CON							CONSIDERED IN (CERTIFYING		
TIFIC						YES 🔲	NO	CAUSES OF DEA	TH?		
GR	21a. ACCIDENT WA		m			OW INJURY OCCUR	RED (Enter not	ure of injury in Pos	nt 1 or Part 2,	, Item 18.)	72.
MEDICAL	DR CONTRIBUTING ((If either, natify m			Month Day Yeo	9						
MEI	21d. INJURY OCCU While Not whi	RRED 21e.		AT NOME, FARM, STREET, FA DFFICE BUILDING, ETC.	ACTORY,) 21f. L	OCATION Street or	R.F.D. No.	City or Town	1	County	State
	220. I certify that (I) (this haspital) attended the deceased from 1960, to 1960, to 1960, that (I) (we) last										
	sow the deceased plive on 400 6 1966, and that in (my) (see) opinion death occurred an the date and hour and from the										
	couses stated above, (1) (we) (did) (did not) view the body after deoth.										
	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR										
×	22d. PHYSICIAN'S 22e. ADDRESS										
	NAME (Type)	(9	Wiha	evan			1000	mstr	120,	m	9
	BURIAL, CREMATION		DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23	d. LOCATION (City		(County)	(State)
	BUR TAPTIFY)	1	1/29/68	MT. V	IEW CH	EM.	19-45	HARNEY	CA	RROLL	MD •
24.	FUNERAL DIRECTOR	,	1/11	ADDRES		25	o. REC'D BY RE		REGISTRAR	S SIGNATURE	.440
1	1/2/1/	A21.00	11/ 1/	EKRALO	TAYE	- /2001 D.	ATE DEC	2 1968	you	ares &	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete. filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please removed managed should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

16569

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-4	0	pour	()	1	
1	0	0	8	3	

		CERTIFICATE OF DEATH							
4 -24	1.	DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR			
death neral and 2		(Type ar print)	DA W.	LATTA	Nov. 23	1968 8:55 ^M			
E 2 E	3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN			
g 3 9 9)	Female	White	Jan. 4, 18	78 90 YRS.	MONTHS DATS HOURS MIN			
in a in		a. BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH				
d in pers.		ountry) Carolina	U.S.A.	WIDOWED DIVORCED	Washington	Md.			
filled pape thin 7). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a. USUA)	OCCUPATION (Kind of work dane st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
yele Non With	0	Williamsport		Church Home Ho	usewife	Teacher			
unpletely in carbon event, with	13	a. USUAL RESIDENCE (Where decea	Homewood C sed lived, if institution: Residence befare 173b. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIN	The state of the s				
e cut		dmission) STATE Carolina	V	Hickory YES X NO					
md cer	3 14	4. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME Fir	st Middle	Last			
a de la			dolpheus White		E. Morr				
cate sicio plea plea), an	1	6a. WAS DECEASED EVER IN U.S. ARI Yes, na, ar unknawn) (If yes give to	war or dates of service)			msport, Md			
physiciar physiciar nen pleas aval, and	=	no =		0596A Mark G. W	agner, 2750 Vi	rginia Ave			
o pi E		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c)			BETWEEN ONSET AND DEATH			
attendir permit. ion, ar re	8		ATE CAUSE (a)	salued are	nomatoris	5 years			
per lion		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	20	0	5			
that than an. by the ransit cremate		rise ta immediate cause (a),	(b) (c)	moma of ti	ren	J gears			
tra tra	M.	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0					
physici physici signed burial-t burial,		_	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)				
g pl	3	11522	ADITIONS CONTRIBUTING TO DEATH BUT IN	INT RECALLS TO THE TERMINAL DISEASE ORCE	MULTION OFFER IN FART I(U)				
te law re trending as been as the priar to			CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING			
the last	X	2		YES NO NO	CAUSES OF DEATH?				
IAN: The all ar at iteate ho far use Health					nature of injury in Part 1 or Part 2, I	Item 18.)			
		G CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year iner) P.M.						
haspi is cert ached ached		₹ 21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	(CTORY.) 21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State			
- 0 - T - C		at work at work							
by the After the be de State		22a. I certify that (I) (th	is haspital) attended the deceas	ed fram // -/ , 196 196 X, and that in (my) (em) apir bady after death.	6, 10/1-23, 196	, that (I) (we) last			
ed led lid Hild He S		saw the deceased o	live on // - 2/	196 (and that in (my) (our) apir	nian death accurred an the da	te and haur and fram the			
OR ATTEN be retained DIRECTOR: ge 3 shault led with th	4	22b. SIGNATURE	s, (1) (we) (ala) (ala liot) view ille	budy affer death.	22c.	DATE SIGNED			
OR J		1 The	LP. Commedit	UD DEGREE PHYS. MI	TO CTAFF	11-73-68			
AL C		22d. PHYSICIAN'S		220 ADDDESS 4 TL	7.W. Washingt	077			
ERA ERA Ir, p	1	NAME (Type) / Tof	ert P. Corrad		tagerstown, "				
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	2			CEMETERY OR CREMATORY	23d. LOCATION (City of Cort aw	b(gunto (State)			
5 5 P P		DEMOVAL (Concifu)		ood Cemetery	Hickory No Ca	rolina			
VR A15 (4)		4. FUNERAL DIRECTOR	H angres	rstown, Md 2Sa. REC'D B	REGISTRARS 256 REGISTRARIS	SIGNATURE Quedas			
30M PFV 1/A	R	4 1 10 0	CC	ama Taa ne	01-0 1000	The state of the s			

DATE

Andrew K. Coffman Funeral Home, Inc.

VR A15 (4) 30M REV. 1/68

norey L. Colfina Funeral one, inc.

Seals Farm

ADDRESS

Francis H. Barber Laytonsville, Md.

Lav tonsville.

1968

2Sa. REC'D BY REGISTRAR

Mont.

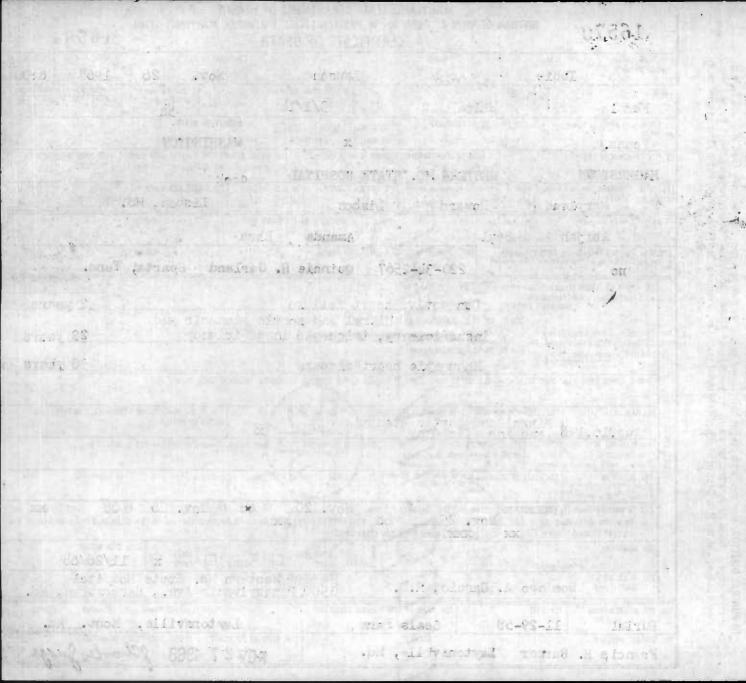
Ochonles

2Sb. REGISTRAR'S SIGNATURE

Md.

VR A15 (4) 30M REV. 1/08

24. FUNERAL DIRECTOR



TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers of the and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

30M REV. 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	-	_		
1	50	-	W	
JL	U	20	()	.)

1	C	K	7	4
1	D	J		1

16	571		CER	TIFICATE OF	DEATH		7.00	() ()
1. DECEASED-N			Middle	Lost	20.	DATE OF DEATH	D V	2b. HOUR
(Type or pr	Emn	1a	S	Linir	19er	Manth	Day Yeor	6:45 M
3. SEX	7	4. RACE LU		S. DATE OF BI	8 - 18	6. AGE (In year lost birthday	OFS IF UNDER 1 YEAR	IF UNDER 24 HRS.
7o. BIRTHPLAC cauntry)	E (Stote or foreign	76. CITIZEN OF WHAT	^ "	MARRIED NEVER MAR	KIND I	unty of death Washing	iton	Md.
	igmsport	give stree	rewood c	hunchHom	e during most of		tired.) INDUSTRY	OF BUSINESS OR
13o. USUAL RE odmissian) S	SIDENCE (Where decease TATE Po-	d lived, if institution:	Residence before 13c	city or town reencastle	YES NO NO	136 E		t
14. FATHER'S I	AME First 7 rank	Middle	Hine-		Rebeco		ddle Slin	fer
Yes, na, or	EASED EVER IN U.S. ARM unknown) (If yes give w	or or dotor of consists	57-24-97	17. INFORMANT	nailete	washer Add	dress 2750 V	part, mal
18. CAU PAR	SE OF DEATH (Enter and T. I. DEATH WAS CAUSED IMMEDIA	γ ane cause per line fo BY: TE CAUSE (a)	or (g), (b), and (c).)	tatue Pr	e e e e e e e e e e e e e e e e e e e	O.	BETWEEN	ONSET AND DEATH
rise to i	ns, if any, which gave) nmediate cause (a), he underlying couse	DUE TO, OR AS A (b) 1 DUE TO, OR AS A	typel	eurice	eV	Dis	15	years
414:	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE OR CONDITI	ION GIVEN IN PART 1(0)		
0 //-		ONDITION FOR WHICH	OPERATION WAS PERFOR	MED 20a. AUTO		20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING
₹ □ OR COM	IDENT WAS UNDERLYIN TRIBUTING □ CAUSE OF DEATI , notify medical examin	HOUR A.M. N	IURY Nonth Day Yeor 19	21c. HOW INJURY OCC	URRED (Enter natur	e of injury in Part 1 ar	Part 2, Item 18.)	
	URY OCCURRED 21e. Not while at wark	PLACE OF INJURY (AT I	HOME, FARM, STREET, FACTORY, ICE BUILDING, ETC.	21f. LOCATION Stree	f or R.F.D. Na.	City ar Town	Caunty	State
so	certify that (I) (thi w the deceased al suses stated abave	ive an 10 -	31 186	ram 8-/- (c., and thot in (m.) y after death.	y) (our) apinion	to/_/ death occurred on	the date and hou	it (I) (we) last r ond from the
22b. SIGI	Kohert	P. Com	aquin	DEGREE ATTENDIM	DIRECTO	STAFF PHYS.	22c. DATE SIGNED	8
22d. PH NA	SICIAN'S ME (Type) Rob	ert P. C	-0777-ad	22e. ADD	Hee	quatour	ind.	
	(Specific)	ATE - 4- 1968	Rest 1	TERY OR CREMATORY	tery /	LOCATION (City or Town	Washing	(State) by md
24. FUNERAL	DIRECTOR 6	2 -	ADDRESS	with po	250. EREC'D BY REG		ISTRAR'S SIGNATURE	edak

The last the world be a seen that the seen and the seen a THE REPORT OF THE PARTY OF The Spenies 1 Paris and The Constant Constant PRAIN 和公位 7日 即国家企图 PMR the offer was the will be William I Commen The first transfer was the first of the contract of the first transfer to the first transfer transfer to the first transfer transfe

be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

16572

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16586

	ECEASED-NAME	First		Middle	KG34	Last	2a. Di	ATE OF DEATH		. 1	O :24 19 18
1	Type or print)	France	es	Leora	Lo	cklev	- 38	Nov	th 28	1968	M
3. SE			4. RACE			DATE OF BIRTH		6. AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	Female		Colo	red	N	ov 11 190	2	last bi	rthday) YRS.	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF W			NEVER MARRIED		TY OF DEATH			
cani	_{ennesse}		USA		WIDOWED TY		W	shing	ton		Md
10. (CITY OR TOWN OF I	DEATH	11. N	AME OF HOSPITAL OR INST	TITUTION (If not	in hospital 120. USL	UAL OCCUP	ATION (Kind of	work dane	12b. KIND OF	
H	agersto	wn Md	give	street address) ton		y Hosp during				INDUSTRY	
13a.	usual residence ission) State Mary Lan	(Where deceose	washing	tion: Residence before	lagers	- Indian	NO 🗌	13e. STREET AND 400Å .	NUMBER	Place	
	FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN NAME	Firet	TOO ET.	Middle	11000	Lost
1			Middle	Forbes	13. 7	Loura	11131		muulo	70 7. 7	2031
160	Green . WAS DECEASED EV		IED EORCES?	116b. SOCIAL SECURITY N	O 17 INF	ORMANT			Address	Bell	
Y	es, no ocunknown	(If yes give w	ar or dates of service)	216-14-6		Mary Bar	ouri ol	o Moss		NT T	
-	Lio CAUCE OF DE	FATIL /Fatarani				mary Dar	- VV -L C I	I, IVEW	O.L.N.		MATE INTERVAL
	PART I. DEAT	THE MAKE CALIFFE	nv	ine far (a), (b), and (c).)							NSET AND DEATH
	1112	IMMEDIA				diovascul		ilseas	e Wit	n 1-2	J - •
10	Canditions, if any	Juhish agus \				tive fail	lure			Turker	d and draw
	rise ta immedia			Arterioso	cleros	18				Indef	inite
	stating the under	erlying couse		AS A CONSEQUENCE OF						NEC.	
	_	JONIELS MIT COM	(t)	NAME TO DESTRUCT NO	7 DELLATED TO 7	THE PERMITTED DISTANCE OF	COMPLETO	L CINEN IN DARK	17.1		
10	PAKI Z. UIHEK S	IGNIFICANT CON	DILIONS CONTRIB	UTING TO DEATH BUT NO	I KELATED TO I	HE TERMINAL DISEASE OR	CONDITION	N GIVEN IN PAKI	1(0)		
NO.	19a. DATE OF OPER	ATION TION	CONDITION FOR WI	HICH ODERATION WAS DED	FORMED	Lag- Allzoneva		DOL IF VEC MEE	E CHIDINGS O	ONSIDERED IN CE	DTICVING
CERTIFICATION	190. DATE OF OPER	ATION 190.	LONDITION FOR WI	HICH OPERATION WAS PER	FUKMED	20a. AUTOPSY?		CAUSES OF DEAT		ONSIDEKED IN CE	KIIFIING
ERTI	Ol ACCIDENT W	AC UNDERLYIN	C. lost water o	No analysis	las iron	YES NO	_			4-17-	
	21a. ACCIDENT W				21c. HOW	INJURY OCCURRED (Ent	ter nature	of injury in Part	1 or Part 2,	Item 18.)	
MEDICAL	(If either, notify (medical examin	ner) P.M.	19							
>	21d. INJURY OCCI While Nat w	URRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	TION Street or R.F.D. N	lo.	City or Town		County	State
	While Nat wat wat wark at wark	nrk 🔲					10	7.7	- 20	(0	
	22o. I certify	that (I) (thi	s hospital) att	tended the decease	d from 100	v. 20 , 19 hat in (my) (our) ap		a_ IVOV.	2019	thot	(I) (we) lost
	saw the	dece as ed al tated abave	(I) (we) (did)	(did nat) view the b	adv after de	rnat in (<u>my)</u> (our) ap	pinion de	eath occurred	an the da	fe ond hour	ond from the
	22b. SIGNATURE	2 1	/ (// (//o) (d.d)	(and many view mic a	0		1100		22c.	DATE SIGNED	
	1	MI	Meis	Le M	1 DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		/29/68	
	22d. PHYSICIAN'S			1		22e. ADDRESS 1.4	48 W	est Wa	shing	ton S	t.
	NAME (Type)	В. В.	Kneis	ley, M.D.			Hage	rstown	. Mar	yland	
230.	BURIAL, CREMATIC	ON, 23b. [DATE	23c. NAME OF C				OCATION (City o		(County)	(State)
]	BREMOVALLSpecify		-3-1968	Rose F	Hill C	emeyery		rersto			Md.
24.	FUNERAL DIRECTOR			ADDRESS		2So. REC'D	BY REGIST	RAR 2Sb.	REGISTRAR'S	SIGNATURE	
10	Kohn R	Witon	90 W	noesa Traina	md.	DATUE	3	1968	villan	elas lines	

		61 101
Tellion and the second of the		
	OUT AT THE STATE OF THE STATE OF	
		La Carrier Control
	CONTRACTOR AND	
The State of the S	Interaction to present application	
N HO	Ctable and comment of the second	
BT La Classica Company		

ich n and completely filled in by the funeral less remave carbon papers. Pages 1 and 2 and in any event, within 72 house after death.

MARYLAND STATE DEPARTMENT OF HEALTH

16573	DIVISION OF	VITAL RECORDS,		PRESTON ST		IIMORE, M.	ARYLAND 212	01	1658	37	
1. DECEASED-NAME First (Type or print) LANA	7 JA	Middle N C		Long	7	2a. DATE	OF DEATH Month	Day 23	Year 68	2b. 1 99	HOUR
3. SEX Female	4. RACE Wh.	te		S. DATE OF E	10-11-1	892	6. AGE (In year lost birth ay)		ONTHS DAYS	IF UNDER HOURS	24 HRS. MIN.
7o. BIRTHPLACE (Stote or foreign country) Benevola Md.	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	RRIED	9. COUNTY (SHINGT	ON	Cour	UTY	Mo
10. CITY OR TOWN OF DEATH THERE BOONS GORD	nive s	ME OF HOSPITAL OR IN treet oddress)		f nat in haspital ly Home For A	during m		N (Kind af wark in the state of		12b. KIND OF INDUSTRY Own H		OR
13a. USUAL RESIDENCE (Where decease admission) STATE	sed lived, if instituti 13b. COUNTY		13c. CITY Hage	or town	13d. INSIDE CITY I		STREET AND NUMB		ce		
14. FATHER'S NAME First	Middle	Lost		IS. MOTHER'S A	AIDEN NAME	First	Mide	lle		Last	
Ezekiel		Chan	еу		L	aura			H	arp	
160. WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO. 17	. INFORMANT			1004 TH	s Te	rrace		
Yes, no, or unknown) (If yes give v	wor or doles or service)	216-38-0	031	Mr.J. A	Long	Jr.	Hagerst	own.	Md.		
18. CAUSE OF DEATH (Enter on	nly one couse per lin	e for (o), (b), and (c)			1.1	.1	-1			MATE INTERV	
PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	teute	my	oraco	deal 1	Marie	elisão		insi	arthe	144
4109		S A CONSEQUENCE OF	- /	1 -	2	1 1	1 -		187		

	No.	216-38-0031 Mr.J. A. Long, Jr. Hagerstown,	Md.
	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and (c).) SED BY: DIATE (AUSE (a) Level my orange in facilities	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LM MARKET LOGG
	4109 Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF Secret Gustary	
	rise ta immediate cause (a) stating the underlying couse last.	DUE TO OD AS A CONSTOURNES OF	
NC	PART 2. OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	in
TIFICATI	19a. DATE OF OPERATION	6. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	IDERED IN CERTIFYING
DICAL CER	21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exon	EATH HOUR A.M. Month Day Yeor	18.)
MED	21d. INJURY OCCURRED 21 While Nat while at work of work	1e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town C	ounty Stote
	22a. I certify that (1) (1 saw the deceased	this haspital) attended the deceased from Jan 1968, to Mary 13, 1960 alive an 1960 alive and that in (my) (our) opinion death accurred an the date of	, that (I) (we) last and haur and fram the

ATTENDING PHYS.

22e. ADDRESS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending phys director, page 3 should be detached for use as the burial-tronsit permit. Then pshould be filed with the Stote Dept. of Heolth prior to burial, cremation, or removal, Page 4 may be retained by the hospitol or ottending physician.

23a. BURIAL, CREMATION, REMOVAL (Specify)

22b. SIGNATURE

22d.

PHYSICIAN'S NAME (Type)

24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsbore, Md BAIL

ADDRESS

Benevola Cemetery

Edison B. Moody

23b. DATE

11- 26- 68

Benevola, Wash.

363 Cleveland Ave.

STAFF PHYS.

23d. LOCATION (City or Town)

(County) Md. Co.,

Hagerstown, Md.

22c. DATE SIGNED

(State)

2So. REC'D BY REGISTRAR

25b. REGISTRAD'S SIGNATURE

30 1. 1898

Personal Registration Security 1 1000 Parameter Com Tone

Telegal Control (Charles) Telegal (Charles) (C

Enternal Medign No. 363 Cleveland Ste. Heganatom, No.

wiring 11-25-55 semants tamping seconds, inch. co., ic.

To Folia 8. Bast, Tr. Vig-M. 191a Sv. Boombotto, Mr. NBV VI 1998 Vigoral Park

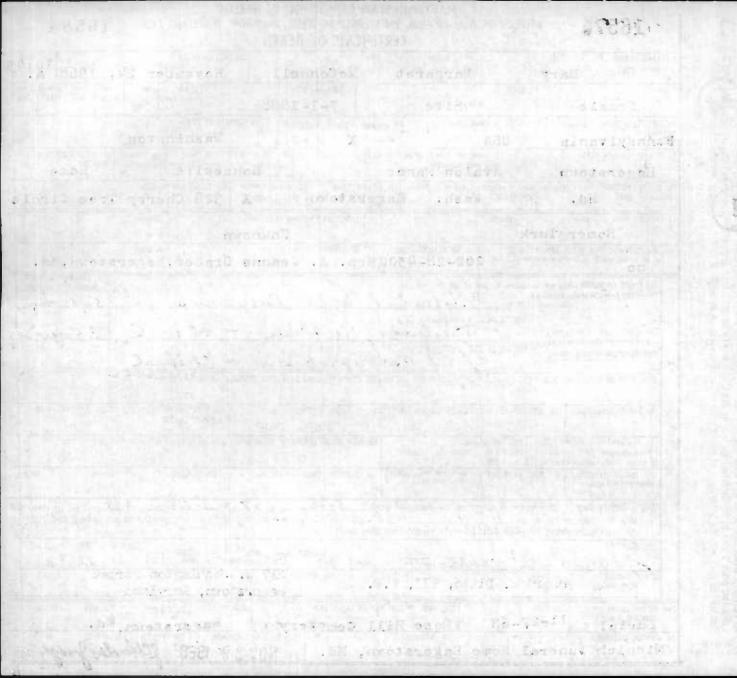
	3
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
director, page 3 shauld be detached for use as the burial-transit permit. Then please, emaye carban papers. Pages 7 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in dry event, within 72 hours after feath.	1

					.EKIIFI	CALE OF	DEATH					
	EASED-NAME	First		Middle		Last		2a. D.	ATE OF DEATH			2b. HOUR
(Ty	rpe ar print)	Mary		Margare	t	McCon	nell		Novemb	ber 21	1, 196	58 TA: 4m
. SEX	(4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR	1F UNDER 24 HRS.
	femal	е		white		7-1-	-1888	}	last b	Shooy) YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (State or f	oreign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIEL	D NEVER MAI	RRIED	9. COUN	ITY OF DEATH	7 -Y 11		
e e	nnsylva	nia	USA		WIDOWE	DIVO	RCED 🗀		Washir	igton		Md.
	TY OR TOWN OF DEA		11. NAME give stre A V a	of Hospital or Ins et address) Man	TITUTION (If Or	nat in haspital			PATION (Kind of orking life eyer		12b. KIND O	OF BUSINESS OR
3a. l dmis	JSUAL RESIDENCE (Wh sian) STATE M	nere deceased d •	lived, if institution:	Residence before		rstown	13d. INSIDE CITY YES N	LIMITS?	328 Ct			
4. F/		irst	Middle	Last		IS. MOTHER'S M				Middle		Last
		er Tu		S. W. W.			Unk	nowr	1			
	WAS DECEASED EVER is, no, or unknown)		D FORCES? or dates of service) 2 (b. SOCIAL SECURITY NO 2-28-45	10. 50 g H	INFORMANT	Jean	ne C	Graber	Address Hager	rstown	n,Md.
T	18. CAUSE OF DEAT	H (Enter anly	ane cause per line f	far (a), (b), and (c),)			1				XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	BY: R	: lateral	1/	lecelas	P.	0111	andere im			10 als
	2509	IMMEDIATI	E CAUSE (a)	CONSEQUENCE OF		- nan			WARFELL CL		3-/	adays
	Conditions, if any, w	hich gave)	DUE TO, OK AS	CONSEQUENCE OF	to.	M.00.	1.4.	+	- chia	0	1.25	
	rise ta immediate d		(b)	CONSEQUENCE OF	M	(we	THE		d mo the	nux	X 3	-gr
	stating the underly	ing cause	(a) C	Constituting or	1 4.00	uascl	edala	. 4	- conot	Lul		Who IX E.
L	PART 2. OTHER SIGN	FICANT COND	ITIONS CONTRIBUTION	C TO DEATH BUT NO					H CIVILI IN TO A	south	14	
,	2. OTHER SIGN	IFICANT COND	ILIONS CONTRIBUTION	G IO DEATH BUT NO	JI KELATED	TO THE TERMINA	IL DISEASE OK	CONDITIO	N GIVEN IN PART	Mal		
	19a. DATE OF OPERATION	ON 19b. CC	NDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTO	PSY?		20b. IF YES, WER	E FINDINGS CO	ONSIDERED IN	CERTIFYING
						YES	NO F	a l	CAUSES OF DEAT	H?		
E	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF IN	JURY	21c.	HOW INJURY OC	CURRED (Ent	ter nature	af injury in Part	1 or Part 2, I	tem 18.)	
	OR CONTRIBUTING			Manth Day Year								
WED	(If either, natify med 21d. INJURY OCCURR While Nat while	ED DIA D	LACE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.		LOCATION Street	et ar R.F.D. N	lo.	City ar Tawn	Sint.	Caunty	State
	at wark at wark					0.45	- 10				7.1	400 4 5 4
	22a. I certify th saw the de	ceased aliv	-hospita l) attend ve an <i>(/</i> _ (l) (we)(did)(d i	9	965,0	nd that in (m	y) (our) ar	pinian d	eath accurred	, 19_ I an the da	te and have	it (I) (we) last rand from the
	22b. SIGNATURE	ed abave,	(1) (we) (ala) (or	e noi) view lile i	bady arre	r deam.				22. [DATE SIGNED	
-1	5 0	0	1.0-01	Ho -	DE	GREE PHYS		MED.	STAFF	-		
1	22d: PHYSICIAN'S	rel	WOT	NO HA	DEV	11110.		DIRECTOR	Vashing		11-25	-67
	NAME (Type)	Edwa:	rd W. Dit	to, III,	M.D.	228. ADI			own. Mar			
3a.	BURIAL, CREMATION,	23b. DA		23c. NAME OF	CEMETERY O	R CREMATORY		23d. l	OCATION (City o	r Tawn)	(Caunty)	(State)
	REMOVAL (Specify)	11-	27-68	Rose	Hill	Cemet	erv		Hager	stown	Md.	
	UNERAL DIRECTOR			ADDRESS			2Sa. REC'D	BY REGIST	RAR 2Sb.	REGISTRAR'S	SIGNATURE	

1968

24. FUNERAL DIRECTOR
Minnich Funeral Home Hagerstown, Md.

TO HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspi TO FUNERAL DIRECTOR: After this cert VR A15 (30M REV. 1748)



in by the funeral rs. Pages 1 and 2 hours after death.

completely filled in

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pashauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within the state Dept.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

16583

					CEKIILI	CATE OF	DLAIII					
	EASED-NAME	First	9 (2 -)	Middle		Last		2a. DATE O		Davi	Vana	2b. HOUR
(17)	pe ar print)	Esta	1 14 1 1 1 1 1 1	Marie	^	10 Corni	ck	No	vember	77	1968	
3. SEX			4. RACE			S. DATE OF B			6. AGE (In year		ER 1 YEAR	HOURS MIN
	Gemale			White		April	17,18	90	last birthday)	YRS.	0.113	MOOKS MILE
a. Bl	RTHPLACE (State ar	fareign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEL	NEVER MA		9. COUNTY O		A. 54		
Ha	gerstown	Md	USI		WIDOWE		RCED 🗌		ashingto			N
10. CII	Y OR TOWN OF DE	ATH		NAME OF HOSPITAL OR IN street address)	ISTITUTION (IF	nat in haspital	12a. USI	UAL OCCUPATION	(Kind of work life, even if reti	dane 12b	KIND OF	BUSINESS OR
	Hagerst	own	W	ashunaton	Co. Hos	pital	140	ousewis	e	P	oustry, do	me
13a. U	SUAL RESIDENCE (V	here deceas		utian: Residence befare			13d. INSIDE CITY YES		REET AND NUMB			
	Maryl		Washi			rstown			10 Summi		,	
14. FA	THER'S NAME	First	Middle	Last		1S. MOTHER'S M	IAIDEN NAME		Mid	dle		Last
14 1		anuel	In FORCES	Kend		INCODMANA			lnknown			
Ye:	WAS DECEASED EVER s pa, ar unknawn)		ar ar dates of service)			. INFORMANT	10	. 1. 2.12	Addr			
		1		None		Mac allal	ICLORN	ICR 240	Summit	HUE. 190	APPROXI	MATE INTERVAL
	18. CAUSE OF DEA PART 1. DEATH	SALLO CALLOTE	NO.	line far (a), (b), and (c)			1			-	36	INSET AND DEATH
	521	IMMEDIA	TE CAUSE (a)	Gastro-		stinai	nemo	rrnage	;		50	111
	Canditions, if any,	which ague \	DUE TO, OR	as a consequence of Bleeding	natn:	10 1170	on			Not	kno	wn
	rise ta immediate	cause (a), (1-1-			IC UIC	G1					
	stating the underlast. 540	ying cause	DUE 10, OK	AS A CONSEQUENCE OF								
		NIEICANT CON	IDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OF	CONDITION GIVI	N IN PART 1(a)			
				heart d						ure		
NOIL	9a. DATE OF OPERAT	10N 19b.	CONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a. AUT	OPSY?	20b. I	YES, WERE FIND	INGS CONSIDE	RED IN CI	RTIFYING
CERTIFICATI						YES	1 NO [CAUSE	S OF DEATH?			
	la. ACCIDENT WA					HOW INJURY OC	CURRED (Ent	ter nature af inju	ry in Part 1 or P	art 2, Item 1	B.)	
	OR CONTRIBUTING [HOUR A.M. Manth Day Year								
	21d. INJURY OCCUR	RFD 21e	PLACE OF INJURY	(AT HOME, FARM, STREET, FA		LOCATION Stre	et ar R.F.D. N	la. Cit	ar Tawn	Cau	nty	State
- 0	While Nat while									11		
	22a. I certify t	hat (I) (th	is haspital) at	tended the deceas	ed from	ot. 21	, 19_	68 , to NC	vember	, 19_00	, that.	(we) lo
	saw the d	eceased a	live an 100 \) (did nat) view the	bady afte	nd that in (n	ny) (aur) al	pinian death	accurred an t	he date an	d haur	and tram th
	22b. SIGNATURE	Ted abave	(i) (we) (ulu	/ (did fidi) view life	budy une	i ucuiii.				22c. DATE S	IGNED	
		81	I hen!	2 p	.D. DE	GREE PHYS.	ING X	MED. DIRECTOR	STAFF PHYS.	11/12	/68	
	22d. PHYSICIAN'S					22e. AD			Washi	ngtor	St	reet
	NAME (Type)	B; :	B. Kne:	isley, M.	D.		Ha	gersto	wn, Ma	rylar	id	
	BURIAL, CREMATION	23b. I				R CREMATORY			ON (City or Town		unty)	(State)
1	Surial (Specify)	. 1	1/13/68	Rest	Haven	Cemete	ty	Hage	rstown-W	Vashing	ton-	-Md.
	UNERAL DIRECTOR	154	. Cil	ADDRES!	S		2Sa. REC'D	BY REGISTRAR 10V 1 4	2Sb. REGIS	TRAR'S SIGNA	TURE	
R	est Have	r Fune	eral Cha	pel Hager	stown.	Md.	DATE	104 14	1968	Clean	CO Y	udge

			1,67591
T 8494 - 41 Landington	daine o an	piece	
- 87	(0%) 7, 3,680	Mills.	rðum.
(al-dis-lan			" pill ⁶ san 23 yes 200
olfe Pin Kore	spend Introduction	Leantestan L	14074-1906
Later Distance Office	S. Carrier States	20772000	III E Swary Kriss I
nybeokul			Sauce
			art page tende.
A CONTRACTOR OF STATE	NASSON WALL	80/5	MILE Second

8961 1 J VON

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within the state Dept.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execution

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 4 30M REV. 1/68

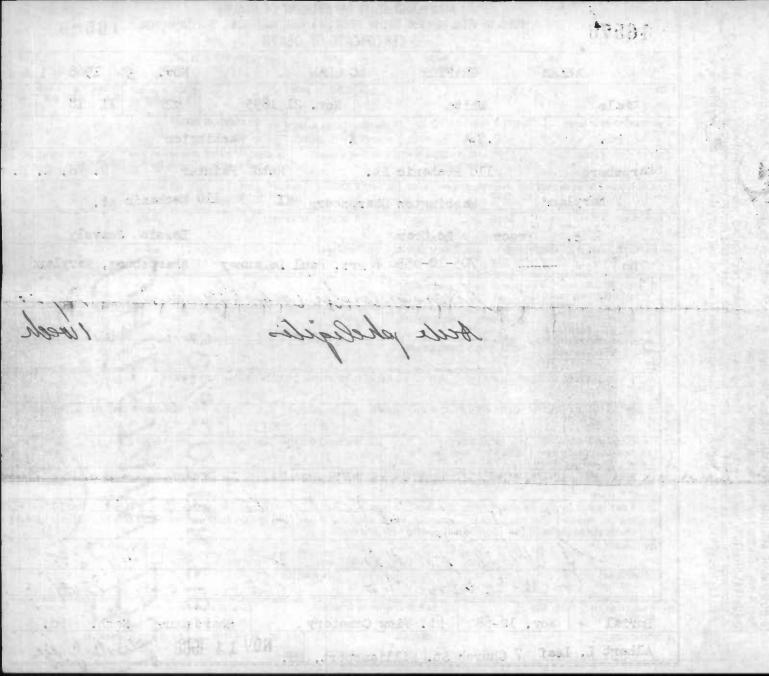
24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6590 CERTIFICATE OF DEATH

	CEASED-NAME ype or print)	First	N.	Middle GRAFTON	MC	lost GRAW	20.	DATE OF DEATH	Pes	1968	2b. HOUR
0 05	<u> </u>	WITTIN		GIGIT TON						IF UNDER 1 YEAR	IF UNDER 24 HRS.
3. SE	Male		4. RACE	hite		Nov. 21	1895	6. AGE (In lost bigh	doy) YRS.	MPMHS 18	
	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	INTY OF DEATH			
coun	Md.		U.S	Α.	WIDOWED K	DIVORCED	Wa	shington			Me
0. (ITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR IN	STITUTION (If no	t in hospitol		JPATION (Kind of w		12b. KIND OF	F 8USINESS OR
2	Sharpsbu	rg	911	o Mechani	e St.	0	Reta P	vorking life even if	retired.)	W. Md	. R. R.
13o. odmi:	USUAL RESIDENCE ssion) STATE	(Where deceo	- 126 COUNTY	on: Residence before	13c. CITY OR	- Veren	NO .	13e. STREET AND N	UMBER nanic	St.	
14. F	ATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN	NAME First		Middle		Lost
		D.	Bruce	Mc Gra	W			Bess	sie	Snavely	7
	WAS DECEASED EV	ER IN U.S. AR		16b. SOCIAL SECURITY		FORMANT			Address		
Y	es, no, Nonknown) (If yes give v	var or dates of service)	705-10-65	56 R Mr	s. Paul	DeLaune	y Shan	psbu	og, Mar	
	18. CAUSE OF D PART I. DEA	TH WAS CAUSE	D BY:	ne for (a), this, and (d)	nela	ation Co	rdio l	Socular	toros		CIMATE INTERVAL ONSET AND DEATH
	412	MMEDI	0.1052 (0)	S A CONSEQUENCE OF	1	00000	Jeffin (1
	Conditions, if on	which gove		A CONSEQUENCE OF	20/10	Piacle				1/1	reel
	rise to immedio		DUE TO, OR A	S A CONSEQUENCE OF	perce	you		190		1 60	, -,, -
	lost.	arrying couse	(c)	/				123	370		
	PART 2. OTHER S	IGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	ON GIVEN IN PART 1	(o)		
CERTIFICATION	190. DATE OF OPER	RATION 119b.	CONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE	FINDINGS (CONSIDERED IN C	CERTIFYING
FIC						YES 🗆	NO 🗀	CAUSES OF DEATH?	1		
CERT	21o. ACCIDENT V	AS UNDERLYI		INJURY	21c. HO		Enter noture	e of injury in Port 1	or Port 2,	Item 18.)	100
MEDICAL	OR CONTRIBUTING			Month Doy Yeor							
MED	21d. INJURY OCC While Not w	URRED 21e		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		CATION Street or R	.F.D. No.	City or Town	30	County	Stote
	22a Leartify	that (1) (th	ois haspital) atte	ended the deceas	ed from la	met	1965	to hov9	19	68 tha	t (I) (we) las
	saw the	deceased o	alive an Aco	VO	, and	that in (my) (o		death accurred o			
	causes s	tated abov	e, (I) (we) (did)	(did not) yiew the	bady after d	eath.			124		
	22b. SIGNATURE	4.	ell- to	Wen	M WEGRE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	0 3/1	DATE SIGNED	8
	22d. PHYSICIAN'S NAME (Type		· Wa Le	Van 1	M.10	22e. ADDRESS	1300	nslo	alt,	ma	d
23o.	BURIAL, CREMATI		DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION (City or	Town)	(County)	(Stote)
	REMOVAL Sporify) N	ov. 12-68	Mt. V	iew Cer	netery		Sharpsbur		wash.	Md.
24.	FUNERAL DIRECTO			ADDRESS			REC'D BY REGI	STRAR 1968		SIGNATURE	
	Albert	L. Lea	f 7 Chu	reh St. W.	lliams	port. Mi	1101	2 1000	The state of the s	arles	udge
_											



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16591

1968

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

BAUGHN

MD.

County

22c. DATE SIGNED

16577 CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle Last DECEASED-NAME First NOVEMBER (Type or print) LINDA LEE MOORE 5. DATE OF BIRTH 6. AGE (In years 4. RACE 3. SEX last birthdoy) 6/25/1889 WHITE FEMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED DIVORCED [WASHINGTON U.S.A. WIDOWED X MARYLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life eyep if retired.)
AL HOUSEW IFE HAGERSTOWN 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY WITSON HAGERSTOW 1S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last REBEKAH HAR PER A MA NDA CREED HE NR Y 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) 719-01-67018 MISS ALMA MOORE HAGERSTOWN 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4200 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Month Day Year OR CONTRIBUTING CAUSE OF GEATH HOUR A.M (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 20, 1942, to Nove3, 1968, that (1) (we) last 19 68, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MADEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION, REMOVIE OF THE PROPERTY I 23b. DATE HAGERSTOWN REST CEM. HAVEN

VR A15 (4) 30M REV. 1/68

directar, page 3 shauld be filed v

24 haurs after

The law requires that the death certificate be executed

remave carban

and

signed burial-tr burial-tr burial, c

prior ta a

TO FUNERAL DIRECTOR: After this certificate has been

24. FUNERAL DIRECTOR

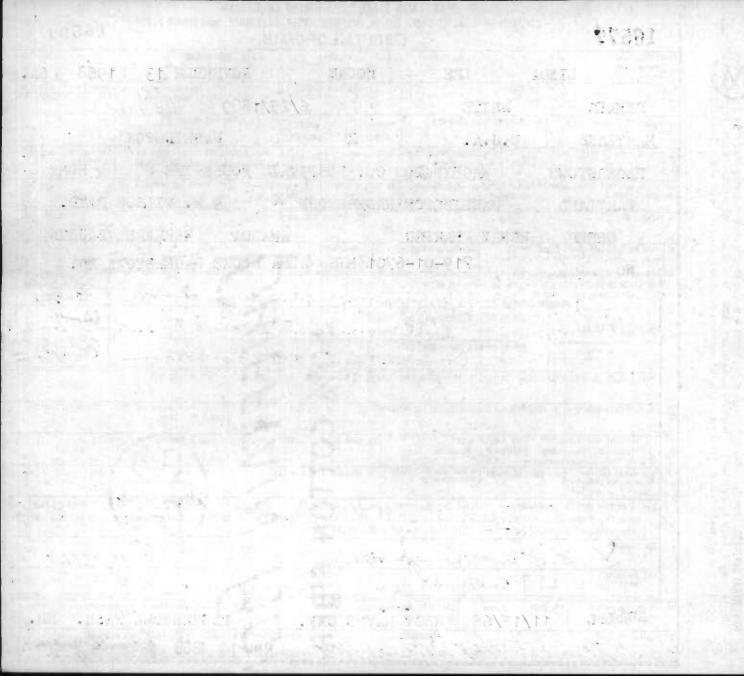
ADDRESS

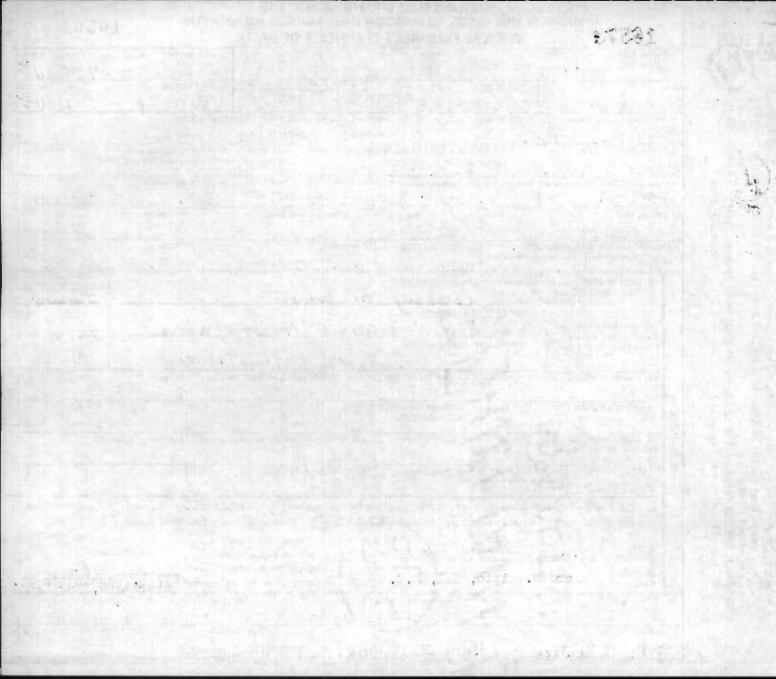
2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

(Stote) (County) WASH. MD.

State





ADDRESS

Minnich Funeral Home Hagerstown, Md.

24. FUNERAL DIRECTOR

VR A15 (4)

2Sb. REGISTRAR'S SIGNATURE

x-organica.

AN ANT THE THE THE PROPERTY OF THE PARTY OF

Mort, or to district the	arthy's	- mag.1	
Value of the same	1002-01-1	erran	The same
And not tipe of	Z	AA.	
29 (12) 10000		alt vamuel like in	
speros pracel of	T medens	ent . Oran	
(CEAYS BIT			10 gK Twodell
Long had began beauti		o'autaouura	
The state of the s			
			entrate films.
	1400	in an and a second	

ofter deoth.

Completely

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Poge 4 may be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

16594

			CENTILLE	AIL OI DEAT	11			
1. DECEASED-NAME	First	Middle		Last	2a. DATE	OF DEATH	v	2b. HOUR
(Type or print)	Joseph	Herschel	L	Orndorff		November 1	16 1968	M
. SEX	4. RA	ACE .		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Mal	e	White		March 23,	1896	last birthday) 72 YRS		HUUKS MIN
a. BIRTHPLACE (Stat	e or foreign 7b. CITI	ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
tar Jann	ery. Va.	USA	WIDOWED	DIVORCED	Wa	shington		Md
O. CITY OR TOWN O	DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If n	at in haspital 120. L	USUAL OCCUPAT	ION (Kind of work done	12b. KIND OF B	BUSINESS OR
Hager	stown	give street address). Washington	Co. Hop.	sital	Plumber	ring life, even if retired.	Const.	& Mate
13a. USUAL RESIDENC	E (Where deceosed lived,	if institution. Residence before	e 13c. CITY OR	TOWN 13d. INSIDE C	CITY LIMITS? 13e	. STREET AND NUMBER		
admission STATE	and 13b.	Washington	Hager	town YESK	NO 24	150 Jettersu	on Blud	
14. FATHER'S NAME	First	Middle Lost	15	. MOTHER'S MAIDEN NAM		Middle		Lost
	Joseph 9	heodore Orne	dortt		Sarah	Cateri	ne	
16a. WAS DECEASED	EVER IN U.S. ARMED FORCE	CES? 16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT	11111111	Address	dagerstou	m.Md.
res, no, or unknow	vn) (If yes give war or dates o	217-10-	2829 M	rs. Mary K.O.	rndorff	2450 Jets	terson Bl	vd.
		ause per line for (a), (b), and (1.	1 1	/ /_	APPROXIM BETWEEN ON	ATE INTERVAL ISET-AND DEATH
PART I. DI	ATH WAS CAUSED BY: IMMEDIATE CAUSI	F(0) Asulte	Mills	cardia!	Anto	rechest	end	eat
410	^	E TO, OR AS A CONSEQUENCE C	OF /	1 - /	-//	7		
	ny, which gave)	a agreement	insell	whie fee	act Sus	ulare	these	d year
	iate cause (a), derlying couse DU	E TO, OR AS A CONSEQUENCE (OF .					1
last.)	(c)						
PART 2. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION O		. /.	
= 4201	Cerebal a	itereselles	nu c	oft she	yes or	left kem	i plight	
19a. DATE OF OF	PERATION 19b. CONDITION	ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN CEI	RTIFYING
E				YES NO	CA CA	USES OF DEATH?		
		Ib. TIME OF INJURY		OW INJURY OCCURRED (I	Enter noture of	injury in Port 1 or Part 2	2, Item 18.)	
	G CAUSE OF DEATH Hy medical examiner)	OUR A.M. Month Doy Yes P.M.	ar 19					
	CCURRED 21e PLACE O	F INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LO	CATION Street or R.F.D.	. No.	City or Town	County	State
While Nat		COTTLE BUILDING, ETC.				/		
22a. I certi	y that (I) (this hasp	oital) attended the deced	sed fram	,1	19 U, ta	14/16,1	9 Cer, that	(I) (we) las
saw th	e deceased alive an	n ve) (did) (did not) vjew th	_19, an	d that in (my) (our)	opinian dea	th accurred an the	date and haur a	ind fram the
22b. SIGNATURE		ve) (ala) (ala not) view in	e bady after	death.		1 22	c. DATE SIGNED	
ZZD. SIGNATURE	18.	un Alunda	/ / DEGI	ATTENDING ATTENDING	MED. DIRECTOR	STAFF PHYS.	C. DATE SIGNED	-
22d. PHYSICIAN	5 gran	Mason)	AFFICIENT	220 ADDRESS			1/1/4/	
NAME (Typ		B. Moody M. 1	0.	363 S.C	levelan	ed Ave. Hage	rstown, Ma	6
23a. BURIAL, CREMA			OF CEMETERY OR			CATION (City or Town)	(County)	(State)
REMOXAL (Spec	ify)			Cemetery		agerstown-We	1	, ,
24. FUNERAL DIRECT		ADDRE		2Sa. N.G		ARQCOSSB. REGISTRAL		Last .
Rest Have	- 0 - 60	Ch Hane	rstown.		OAMT	1000	and the	1
1000	> COO (william at 1 toughts.	wind:	- DATE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 3

Colored Vandored Coulors Colored Caracha

The stand of the west on the second of the s

The state of the s

The state of roady in the state of the state

Commission of the contract of

and the second s

and the same than the same to have

missi A. Jareoul

142c - 120c 24,1 96 - 127

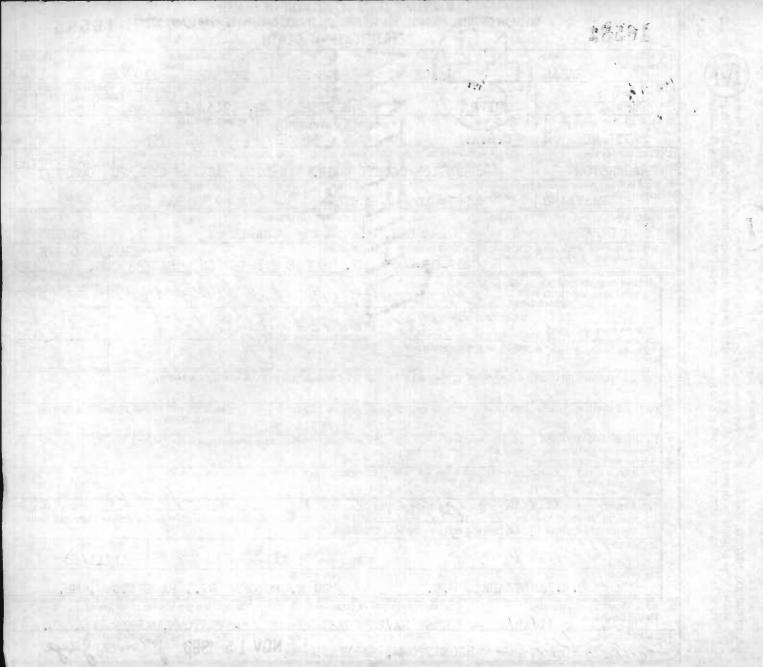
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16595

100	1022				CERTIFIC	ATE OF	DEATH				~ 0 0 (
	ECEASED-NAME Type ar print)	First		Middle		Lost		2o. DATE	OF OEATH Manth	Day	Year	2b. HOUI
(1	type or printy	SARAH		GRACE		PETER!	SON	NOVE	MBER 1	L (58	l a
3. SE	X	ALEXON.	4. RACE	SAN TRIDE		S. DATE OF E	BIRTH		6. AGE (In year lost_birthdoy)		IF UNDER 1 YEAR AONTHS OAYS	IF UNOER 24 HE
	FEMAL	3	WHITE			SEPTE	MBER 20	, 191	5 53	YRS.	IONIN3 ONIS	HOUKS
7a. E	BIRTHPLACE (Stat	e ar fareign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIEO	NEVER MA	RRIED	9. COUNTY	OF DEATH	1000	222	
COUL	MARYL	AND	U.S.A		WIDOWED	DIVO	RCED	W	ASHINGTON	V		
10. C	HAGERS	F DEATH	11. NAM give str	AE OF HOSPITAL OR IN: Geet address) SHINGTON	STITUTION (IF no				ION (Kind of work inglife, even if ret CHINE OPI		INDUSTRYK	F BUSINESS OR NTTTTN IPANY
	CTATE	E (Where decease	od lived, if institution 13b. COUNTY WA	n: Residence before ASHINGTON	13c. CITY OR HAGERS		13d. INSIDE CITY YES N	LIMITS? 13e	STREET AND NUMB		3	
14. F	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S N	AIDEN NAME	First	Mid	ldle		Last
	E	LMER	S	LEATH	ER, SR		SA	ADIE			PO	UND
160.	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY		FORMANT			9 Add	ress [_T]	MBAR D	RIVE
l I	es no ar unknav	AU) (19 Anz Blan Au	dt ot aques of service)	219-05-28	365 MR	. GEOF	RGE E I	PETERS	ON HAGE	ERST	M . NWC	MARYLAN
	Canditions, if a rise to immed stating the unlost.	eath was caused IMMEDIA Iny, which gove iote couse (o), iderlying couse	OBY: TE CAUSE (o) OUE TO, OR AS (b) OUE TO, OR AS (c)	A CONSEQUENCE OF	MATE	8 BY F 3 AV E THE TERMIN	AL DISEASE OR	4 AND CONDITION OF	DIONAL SIVEN IN PART I(0)	f(U)	b BETWEEN	ONSET AND GEATH
CERTIFICATION	19a. DATE OF OF	.44	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUT		CA	b. IF YES, WERE FIND USES OF DEATH?	OINGS CON	NSIDERED IN	CERTIFYING
MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYIN OF CAUSE OF DEATH y medicol exomir	HOUR A.M. P.M.	Month Doy Year	9	W INJURY O	CCURRED (Ent	er nature af	injury in Port 1 ar F	Part 2, Ite	em 18.)	
ME		work		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		CATION Stre	eet or R.F.D. N	0.	City or Town	-	County	Stote
Į.	saw th	e deceased a stated above	ive an_//	did nat) view the	$19_{}$, and	I that in (r leath.	ny) (our) ap	, ta_ pinian dea	th accurred an t		e and haur	ot (I) (Awe) I rand from t
-	22b. SIGNATUR	Noil	ways	2	DEGR	11110.	LA	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED 1/11/6	8
	22d. PHYSICIAN NAME (Typ	e) E.R.I	ARDIZABAI						ST., HAGE			
230.	BURIAL, CREMA REMOVAL (Spec	ifv)	1 . 1 .	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOC	ATION (City or Town	1)	(County)	(Stote)
	BURIA		1/14/68		HAVEN C	PMETER			RSTOWN W	The second second		MD.
24.	EUNERAL DIRECT	DK D		ADDRESS		VIANID	2So. REC'D	BY REGISTRA	1968 2Sb. REGIS	LIAR'S S		del

uted within 24 hours ofter deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please Temove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of be ex TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16596 CERTIFICATE OF DEATH

	4									
1. DE	CEASED-NAME.	First	Middle	,	Last	d	20. DATE OF DEATH Nov. Month	Day	1 9 5 8	2b. HOUR 6:15
3. SE)		thur 14. RACE	Kaymono	d	13. DATE OF BIR	10	6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.
J. JE/	Male		hite		Aug. 15		last birtl		NONTHS OAYS	HOURS MIN
	IRTHPLACE (State or foreig		HAT COUNTRY?	B. MARRIED	NEVER MARR		COUNTY OF DEATH	110		
D	ownsville,	Md. U.S	.A.	WIDOWED			A	ashing	gton	Md
0. CI	ITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	STITUTION (IF	not in hospital		OCCUPATION (Kind of w		12b. KIND OF	BUSINESS OR
	Hagerstown						of working life, even i	eer	Landi	is Tool
3o. I	USUAL RESIDENCE (Where ssion) STATE Penna	deceosed liyed, if institut 3b. COUNTY	ion: Residence before Franklin	13c. CITY 0	ynesboro	YES NO		umber ummit A	Ave.	
4. F	ATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAI			Middle		Last
	Roma	n H.	Petr	ie		Li	lly	G.	Mu	all
60. Ye	WAS DECEASED EVER IN U. es, no, ar unknown) (If y Yes	S. ARMED FORCES? es give war or dates of service)	16b. SOCIAL SECURITY N		INFORMANT Mrs. Ev	relvn Pe	etrie 907	Address Wa	aynesbo	oro Pa.
T	18. CAUSE OF DEATH (Er				A				APPROXII	MATE INTERVAL
	PART I. DEATH WAS	CALISED RY-	Chronic	120	1	and a			BETWEEN O	INSET AND DEATH
	4329 "	* * *	AS & CONSEQUENCE OF		Town or	CEPICIS	The second			
	Canditians, if any, which	gove)	arderis	Alen.	min 1)	anti Gra	-levilar		3	yrs
	rise to immediate couse stating the underlying of	(o),(DUE TO OD	AS A CONSEQUENCE OF	sucu	,	DACE				1
	last. 3 3 / V	(c)								
	PART 2. OTHER SIGNIFICA		ITING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART	(a)		
z	Grown	ory Arter	ischeros	is a	with Or	renou	Infaretio	1 196	60	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PER	RFORMED	20a. AUTOP	SY?	OS. IF YES, WERE		NSIDERED IN C	ERTIFYING
E E					YES 🗌	NO 🗌	CAUSES OF DEATH			
	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE	Tion time o	F INJURY Manth Day Year	21c. 1	HOW INJURY OCCU	URRED (Enter no	oture of injury in Port 1	or Port 2, Ite	em 18.)	
	(If either, natify medical	exominer) P.M.	19							
	21d, INJURY OCCURRED While Nat while of wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. I	LOCATION Street	or R.F.D. Na.	City ar Town		County	Stote
	22a. I certify that (l) (this-hospit al) att	ended the decease	ed from_	6-12		L. 10_11-2.5		thot	(I) (we) last
	saw the deceas	boove, (I) (we) (did)	2.5	90 X, ar	nd thot in (my	/) (our) opinio	on deoth occurred	on the dote	e ond hour	ond from the
	22b. SIGNATURE	bove, (i) (we) (we)	(ala nor) view ine	M.D				22c DA	ATE SIGNED	
	Dalton	m. 6	relty		GREE PHYS.		CTOR STAFF PHYS.	D 11-	- Z 6-	68
	22d. PHYSICIAN'S NAME (Type)	ALTON	M. WE	ELT	22e. ADDR	ess a cero	town,	ma		
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF			0	23d. LOCATION (City or		(Caunty)	(State)
	BUT Latecify)	11/28/68		een H			Waynesboro	7	rankl	in Pa.
24.	FUNERAL DIRECTOR	01	ADDRESS			2Sa. REC'D BY I		REGISTRAR'S SI		4.0
2	1/alton 2	Linus	- Wayne	sboro	Pa.	DATE DEC	2 1968	Milan	May you	AL.

thin 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the transcript, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be, a Page 4 may be retained by the hospital ar attending physician.

16582

VR A15 (4) 30M REV. 1/68

					T
Part Aug De	H. cox				
					1.0
The meaning the			40140		. the Edward of
	die Libera				
The second state		Constants.	all Frances		
Link .	1,111		ate .		REG E
A CONTRACTOR	tin straight		PL-M-EST		100
	STATE OF THE PARTY	Paris and	Marie 1		
	* 1 * 0				
					The second
	A single		A		
A STATE OF THE STA	At dismone	Littlein	est in the	1.750/00	g

The second state of the second second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TOOOM		CE	RTIFICATE OF	DEATH		1.000	
1. DECEASED-NAME (Type ar print)		Middle ichard	Pry Last	N	DATE OF DEATH North 27,		2b. HOUR 2:00P A
3. SEX	4. RACE White		5. DATE OF B	13, 1899	6. AGE (In years lost big baay)	YRS. IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (State or country) Rogersvill 10. CITY OR TOWN OF DE Hagerstown	e, Tenn. U. S.		JTION (If nat in haspital	RCEDIC 12a. USUAL OCCI	Washington UPATION (Kind of work do yorking life, eyen if refire		
Jac. USUAL RESIDENCE (Voldmission) STATE	Where deceased lived, if institution 13b, COUNTY Washing		c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER		335
14. FATHER'S NAME	First Middle	Last	1S. MOTHER'S M	AIDEN NAME First	Middl	0	Last
	rles Webster R IN U.S. ARMED FORCES? (If yes give war or dates of service)	Pry 6b. SOCIAL SECURITY NO. 17–16–2200	I7. INFORMANT	Teress	Addres		5 1
Canditians, if any, rise to immediate stating the underl	DUE TO OR AS	A CONSEQUENCE OF A CONSEQUENCE OF		abdou from	n na/ wal colon		Mos
1538 19a. DATE OF OPERA				DPSY?	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CI	ERTIFYING
G Cantributing C (If either, natify model) 21d. INJURY OCCUP While Nat while at wark	CAUSE OF DEATH HOUR A.M. P.M. RED 21e. PLACE OF INJURY (A	Manth Day Year 19 HOME, FARM, STREET, FACTORY FICE BUILDING, ETC.	from, and that in (mdy after death.	et ar R.F.D. Na. , 19.68, y) (aur) apinian	death accurred an the	County 19 67, that e date and haur	and tram the
22d. PHYSICIAN'S MAME (Type)	Rizalito Amari	llo, M. D.	DEGREE PHYS. 22e. ADI 120	DIRECTO	n St., Sharr	11/29/68 esburg, Md	
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 11- 30- 68		w Cemetery		LOCATION (City or Town)	. "	(State)

John H. Bast, Jr. 112 N. Main St. Boonsboro,

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after Page 4 moy be retained by the haspital or ottending physician. VR A15 (4) 30M REV. 1/00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

16583

Charles Michard Pry Bovember 27, 1956 2:007

Maio 2 1999 - 19

Hagergrown to medicate leading to more than the same and the same and

Environ Mastroyles X sillington national services

Charles Notes Pry Nuck Torons collado

217-16-2270 Mas. (186-1894 Not verille, 191. L. Elected metastants

corcinomia from abdenimal wall

19 20/11 19 1/4 19 64/11 Demandant 11/2/168

Smilel 17- 30- 65 takiniev Comesery Meed within, dog. Do. Md. debn H. Bear, Jr. 412 S. Stra St. Roomsoore, ad. High Black J. Com. Jane B.

E 1103

MARYLAND STATE DEPARTMENT OF HEALTH

Black L.						
	Act by	tient.		91 187		
Die on p					a.Uenna i	
(a) (A) (b)			.dwge .do	and particles.	g = p8 = 2 + 1 x21	
	B. C. I		Hond, ware	Contractor of the last		
		397777		flimbate		
M.L.J. SARA						
Strain Control						
Marie						
The state of the s						
	1-11		-B			
de-I-II						
Tette .				I'. Busy, bub.		
Wiscold Bank -		· innt	A60 10. 10	I wild all control	12.442	
	Adet a	VON	35. 7 mag 7 at f	Topasco.	E basers taken	

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME (Type or print) VICTOR LEE PRYOR NOVEMBER 1. Day 68 Year 1. S. DATE OF BIRTH NOVEMBER NOVEMBER NOVEMBER 1. Day 68 Year 1. S. DATE OF BIRTH NOVEMBER 1. ASE (In years) NOVEMBER 1. ASE YEARS IN ASE (IN YEARS) NOVEMBER 1. AS A CONSEQUENCE OF (IN YEARS) NO
3. SEX MALE WHITE JANUARY 30, 1889 7.6. AGE (in years light birthday) YRS, MONHS OAYS HOU WASHINGTON 10. CITY OR TOWN OF DEATH HAGER STOWN 13.0. LUSUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13.0. LUSUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13.0. LUSUAL RESIDENCE (Where deceased lived, if institution: Residence before loss) 14. FATHER'S NAME First Middle MARTIN L PRYOR 16. AGE (in years light with whoth support loss) WASHINGTON WASHINGTON SMITHSBURG YES NOTE ROUTE #2 14. FATHER'S NAME First Middle MARTIN L PRYOR 166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) If yes give war or dorected sarvice) 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MARY L PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) L PART 2. OTHER SIENNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)
MALE WHITE JANUARY 30, 1889 JOST DIFFTHOUS TOWN OF DEATH OUNTY OF DEATH WHO WED DIVORCED JOUNTY OF DEATH WHO WAS HINGTON 10. CITY OR TOWN OF DEATH HAGERSTOWN JOUNTY OR DEATH WHO WED JOUNTY HOSP. WASHINGTON 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARY LAND 131. COUNTY WASHINGTON WASHINGTON JANUARY STREET AND NUMBER ROUTE #2 14. FATHER'S NAME First Middle MARTIN L PRYOR MARY WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) WASHINGTON JOUNTY HOSP. MIDDISRY WASHINGTON JOUNTY HOSP. WASHINGTON JOUNTY HOSP. JOUNTY HOSP HOUNG HITCH HOSPITAL OR INSTITUTION (If not in haspital wing most at work dane during most at working life, even if retired.) POULTRY JOUNTY HOSP HOUNG HOSPITAL OR INSTITUTION (If not in haspital wing most at working life, even if retired.) POULTRY JOUNTY HOSP. JOUNTY HOSP. JOUNTY HOSP. JOUNTY HOSP. JOUNTY HOSP HAMEN HITCH HOSPITAL OR INSTITUTION (If not in haspital wing most at working life, even if retired.) POULTRY JOUNTY HOSP HAMEN HITCH HOSPITAL OR INSTITUTION (If not in haspital wing most at working life, even if retired.) POULTRY JOUNTY HOSP HAMEN JOUNT
MALE WHITE JANUARY O, 1889 79 YRS. 70. BIRTHPIACE (State or foreign country) MARYLAND U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) NARYLAND 10. CITY OR TOWN OF DEATH HAGERSTOWN 11. NAME OF HOSPITAL OR INSTITUTION IN Inspirate Give street oddress! WASHINGTON 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STAT MARYLAND 13b. COUNTY WASHINGTON SMITHSBURG 13c. CITY OR TOWN MARYLAND 13b. COUNTY HOSP. 13c. STREET AND NUMBER ROUTE #2 14. FATHER'S NAME First Middle Lost MARTIN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) WW. I 16b. SOCIAL SECURITY NO. 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MI PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE 10, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse (b). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
The country Tary Land U.S.A. WIDOWED DIVORCED WASHINGTON
10. CITY OR TOWN OF DEATH HAGERSTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY HOSP. 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY HOSP. 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13d. COUNTY ASHTINGTON SMITHSBURG 13d. STREET AND NUMBER ROUTE #2 MARYLAND 13d. STREET AND NUMBER ROUTE #2 MARYLAND 13d. STREET AND NUMBER ROUTE #2 SMITHSBURG MARYLAND 14c. FATHER'S NAME First Middle Lost MARYLAND 13d. MINDUSTRY 13d. MIN
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) HAGERSTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN STATE MARYLAND 134. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle LOST 165. SOCIAL SECURITY NO. 217. INFORMANT Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STATE MARYLAND 10. COUNTY HOSP. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (Kind of working life, even if retired.) NOW I 32. USUAL OCCUPATION (NOW I MASTINGTON) NOW I 32. USUAL OCCUPATION (NOW I MASTINGTON) NOW I 32. USUAL OCCUPATION NOW I 32. USUAL OCCUPATION NOW I 32. USUAL OCCU
HAGERSTOWN WASHINGTON COUNTY HOSP. WHOLESALER POULTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY WASHINGTON SMITHSBURG MARTIN L PRYOR 15c. MOTHER'S MAIDEN NAME First Middle Lost MARY WASHINGTON MARY WASHINGTON SMITHSBURG 15c. MOTHER'S MAIDEN NAME First Middle Lost MARY WASHINGTON MARY WASHINGTON MARY WASHINGTON SMITHSBURG MARY WASHINGTON MARY WASHINGTON IS. MOTHER'S MAIDEN NAME First Middle Lost MARY WASHINGTON MARY WAS
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY WASHINGTON SMITHSBURG YES NOW ROUTE #2 14. FATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost MARTIN I PRYOR MARY V FO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MIDEN NAME FIRST NAME FI
admission) STATE MARYLAND 13b. COUNTY WASHINGTON SMITHSBURG YES NOW ROUTE #2 14. FATHER'S NAME First Middle Lost NAME First Middle Lost MARTIN I, PRYOR MARY V FO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doins of service) 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MIDDLE TO, OR AS A PROXIMATE PROXIMATE PRYOR, ROUTE #2, SMITHSBURG, MIDDLE TO, OR AS A PROXIMATE PRYOR OF THE STRENGTH OUSE (a) The service of the middle cause (a), stating the underlying couse last. PART 2. OTHER STRENGTH CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
14. FATHER'S NAME First Middle Lost MARTIN I PRYOR MARY V FO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) I was given war or doins of service) 16b. SOCIAL SECURITY NO. 218–30–9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MI APPROXIMATE IN SETWEEN ONSET AN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
MARTIN L PRYOR MARY V FO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war at dates of service) 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, M. 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF canditions, if any, which gove rise to immediate cause (a), storting the underlying couse (a), storting the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) 16b. SOCIAL SECURITY NO. 218-30-9713 MRS ANNIE PRYOR, ROUTE #2, SMITHSBURG, MI 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying couse (a), stating the underlying couse (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
Yes, no. or unknown) [If yes give wor at dates of service] [If yes give wor at dates of yes give at at a service of service] [If yes give wor at at a service wor at a service of service of service
18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
Canditions, if any, which gove rise to immediate cause (a). Stating the underlying couse last. PART 2. OTHER SIENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
DUE TO, OR AS A CONSEQUENCE OF Carditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
rise to immediate cause (a), stating the underlying couse (a) DUE TO, OR AS A CONSEQUENCE OF Cardinary Conditions Contributing to Death But NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 0 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIC
YES NO CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
While Not while \ \OFFICE BUILDING, ETC.
lat work of work .
22a. I certify that (I) (No. XM. K. K. K. K. K. A. L.
causes stated above, (I) (we) (Mix) (did nat) view the bady after death.
22b. SIGNATURE 22c. DATE SIGNED
ATTENDING MED. DIAFF Day 13 0 1/0
22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. DILLILLIANS 22e. ADDRESS
NAME (Type) CHARLES F. HESS, M.D. SMITHSBURG, MARYLAND
CHARLES F. RESS, M.D. SPITTISBURG, MARTINAND
230. BURIAL, CREMATION, PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Significantly)
BURIAL MAYNESBORO, WASHINGTON, MD
24 EUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS HAGER STOWN MARYLAND 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please carbon papers. Pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

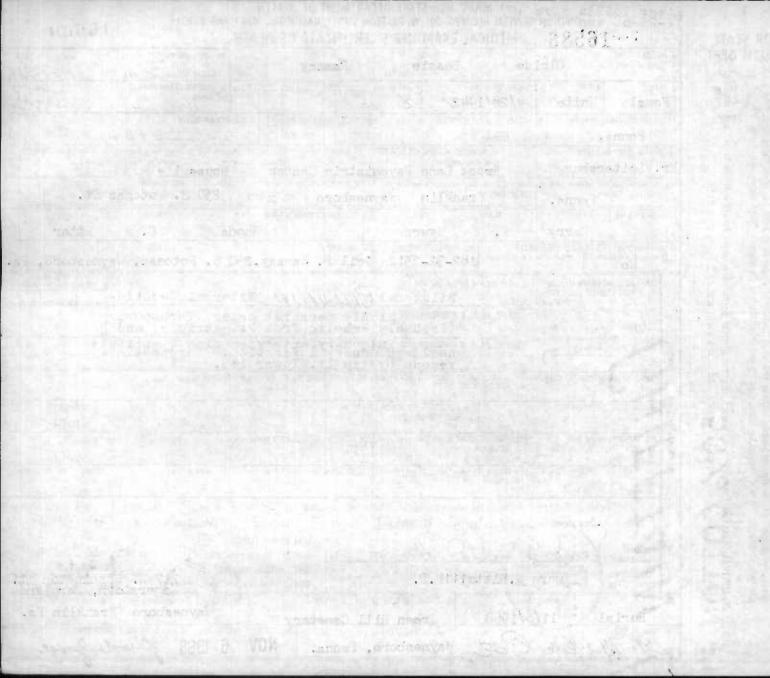
Page 4 may be retained by the hospital ar attending physician.

· 17, , 1

The total and the second of th

	ltems 18 12-23-68	&22a Film	OF VITAL RECORDS, 30	1 W. PRESTO	N STREET, BALL	HEALTH IMORE, MARY	LAND 21201		
FOR STATE		16586	MEDICAL EXAL					3	6600
HEALTH DEPT.	1. DECEASED-NAMI (Type or Print)	· Elo	ise Bess	idle ie	Ramsay		20. DATE KNOWN OF ESTI-		
delay and 3 M3-Po	3. SEX Female	4. RACE White	S. DATE OF BIRTH 4/28/1942	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCE		Yeor 19 68 S 2M
form P form P form P	7a. BIRTHPLACE (S	ote ar fareign 7	USA		ARRIED NEVER MA	RRIED 9. CO	UNTY OF DEATH Wash wing	ton	M
to State of 14	Nr. Leit		11. NAME OF HOSPIT give street address) BOOK Lan				CCUPATION (Kind of warking life, even in Housewife	vork done 12b fretired.) IND	. KIND OF BUSINESS OR BUSTRY
N	130. USUAL RESID admissian) ST	ENCE (Where decease	d lived, if institution: Residence 13b. COUNTY Frankli	e before 13c. CIT		YES NO	13e. STREET AND NU. 250 S. P	MBER	St.
hours Item 1 Office Iond 2 ofter d	14. FATHER'S NAMI	First Harry	Middle My	last	IS. MOTHER'S MAI			Middle	Lost
I within 24 n pencil in Examiner's File poges n 72 hours	16a. WAS DECEASED (Yes, na, or unkr	EVER IN U.S. ARMED FO			17. INFORMANT Neil P. R	Rho	ADDR		Etter nesboro, Pa
xecuted ading" ii Medical permit.	18. CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	one couse per line far (a), (b), BY: E CAUSE (o) Bil		MULL WIN		cernal Car		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I mm e d ?
	Conditions,	f ony, which gave	DUE TO, OR AS A CONSEQUENCE (b) (Pr	DENCE OF Micoobably	dle cere	U AT			Immedi
wor wor the riol-		ediote couse (o), underlying couse	DUE TO, OR AS A CONSEQUENCE SMA	ENCE OF Pul II pulm ous sys	monary a	rtery en farction lower le	mbolus & r	multipl	.e
ate and and	333	R SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH)	
9 3 5 1	19a. DATE OF		WAS PER	N FOR WHICH OF FORMED?				Su , 2	2D. AUTOPSY? YES NO
Tiffic T		AL CAUSE WAS OR CONTRIBUTING ATH	21b. TIME OF INJURY Manth, HOUR A.M. P.M.	Day, Yeor	21c. HOW INJURY OC	CCURRED (Enter nat	ure af injury in Part 1	ar Port 2, Item	18.)
EXAMINER: cute the certing age 4 should ryour files. Page 3 should, cremation, I, cremation,	₹ 21d. INJURY WHILE AT WORK	NOT WHILE TOCK	ACE OF INJURY (At home, form, ary, affice building, etc.)	street,	21f. LOCATION Street	or R.F.D. No.	City ar Tawn	(County Stote
exe exe exe or. Por. Por. Por Tor		I certify that I to resulted fram:	ak charge of the remains of Natural causes 🕱 ,	lescribed obor Accident,		ipsy 🗐 🗎 In Hamicide 🔲		nquiry, manner	and in my apinion
ecessory, please he funeral direct moy be retainer FUNERAL DIRECTEDITED	ACTUAL SIGNATURE	duran	ew Do	Ha TI	M.D. ASS	EF MEDICAL EXAMIN ISTANT MEDICAL EX	AMINER	22b. DATE SIGN	
o DEPUTY necessary, property of the funeral S may be r o FUNERAL Health price	EXAMINER NAME (Typ	e) Fawar	d W.Ditto111M.		ADD	PUTY MEDICAL EXAM DRESS(Street, city, to	awn, ar county) 217	W. Was	
10 10 10	23o. BURIAL, CRE REMOVAL (SI BURI 24. FUNERAL DIRI	al 11	1.1	reen Hi	Y OR CREMATORY 11 Cemete:	ry	LOCATION (City or To	oro Fr	unity) (Stote) anklin Pa.
VR A15ME (5) 10M REV. 1/68	24. FUNEKAL UKI	yarlin	POE Way	nesboro	, Penna.	DATE NOV		egistrar's sign	

P



VR A15ME (5) 10M REV. 1/68

10591		Pathwart Dagre T.			
		09xx02/ 83.	1		
			MALE MINTE		
	THE A	./*8.0	964.1YHAV		
	TATE .OR	N . FS . OF	- моосель . Ап		
and the paper of	10 1				
2.41	E1003		TERRED .		
			AU AU		
		пякиопо 53 (18)			

Natural causes Accident . Suicide [

21f. LOCATION Street or R.F.D. No.

City or Town

220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry Hamicide Undetermined monner CHIEF MEDICAL EXAMINER

22b. DATE SIGNED

DEPUTY MEDICAL EXAMINER Nov. 11, 1968 Washington St. county Hagerstown Md. 23d. LOCATION (City or Town)

23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE REMOVAL (Specify) Rest Haven Cemetery

ASSISTANT MEDICAL EXAMINER

(County)

ond in my opinion

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

WHILE AT WORK AT WORK

deoth resulted from?

Rest Haven Juneral Chapel

Dr. E. W. Ditto.

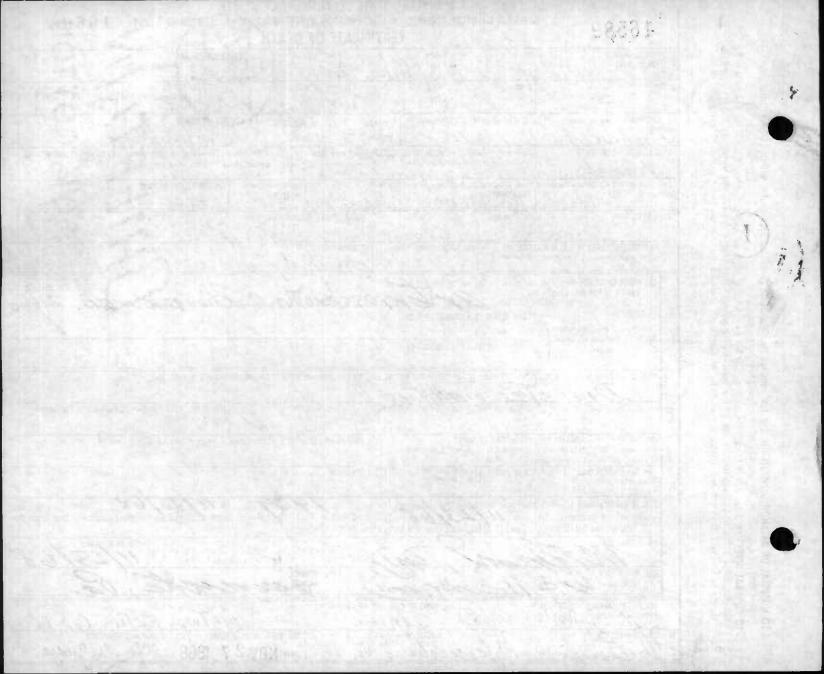
foctory, office building, etc.)

2So. REC'D BY REGISTRAR

Health

				48731
		rional)	mas 305 %.	Jane 1
, ·			· · ·	4.7.4
The same	Shirtery.			• 1 (27) (6.5)
haustal	hranistii.	He burn	. C. and School	neo3ese all
	102 Set		- awardean	E healiful
			(do 60) 1 845 338	Lannels.
e	ecific 107 Junes		7.45-01-205	0
ender en			mili Architecto D. III de	
The state of	L. Salatonico	dains to be	subtracted in a	
			er, mismin s	
	Taller of			
	ę •	(dip. 18 gls)	.10 (071.11)	
A PROGRAMMENT			in the second	

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

	20040						/							
	ECEASED-NAME Type or print)	First	74 V I I I I	Middle		Last			OF DEATH	onth _ Day	Ye	ar	2b. H	HOUR
	AL.	LIA		MAE		RINEHAR		NOV	EMBER	19	68		3	A
3. SE		4. RA				S. DATE OF B			6. AGI	(In years birthday)	MONTHS 1	DAYS	HOURS	24 HRS. MIN
	FEMALE		WHITE				6, 1896	_	7	YRS.				
70. I	BIRTHPLACE (State or foreigntry)	3n 7b. CITI2	ZEN OF WHAT	COUNTRY?		D NEVER MA	KKIEU		OF DEATH					
	"ILLINOIS		U.S.A.		WIDOWE	6.5.1	RCED 🗀		ASHIN					Mo
10. (CITY OR TOWN OF DEATH			OF HOSPITAL OR INS	,					of work dane	12b. KIN		USINESS	OR
-	AGERSTOWN	355.13				Y HOSP.				en if retired.)	HOU	JSE	WOR	K
13a.	USUAL RESIDENCE (Where	deceased lived,	if institution:	Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY LI		e. STREET AN					
udin	issian) STATE MARYL	AND 136.	WA	SHINGTON	HAGE	RSTOWN	YES X NO		ll S.	WALNUT	STRE	ET		
14.	FATHER'S NAME First		Middle	Last		IS. MOTHER'S M				Middle			Last	
	BENJA	MIN		ITNYE			ALI			E)LFI	NGE	R
	. WAS DECEASED EVER IN U	.S. ARMED FORCE	f service)	b. SOCIAL SECURITY I		7. INFORMANT			348	Address S				
	es, MO		2.	15-28-98	52	R.O. ME	FCALF	1	HAGERS	STOWN.				
	1B. CAUSE OF DEATH (E		use per line fo	ar (a), (b), and (c).)						9ET	PPROXIMA WEEN ON!	ATE INTERV	EATH
Д	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE	(0) 5	ASA - BL	CHH	ois He	-more	HAGE	1000			10	DAYS	2
	4120		E TO, OR AS A	CONSEQUENCE OF			14).11	400	1					
	Canditians, if any, which		IN HYS	الحداد الحددال	SA .	- Suosci	Seance	C-1	1.01	state	1	Ye	5-	
	rise to immediate caus stating the underlying			CONSEQUENCE OF				454				140		14
15	last.	(4036)	(c)											
	PART 2. OTHER SIGNIFICA	NT CONDITIONS		G TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITION	GIVEN IN PA	RT 1(a)				
-	443XDIN	RC-ES.	Mail	irui										
CERTIFICATION	19a. DATE OF OPERATION			OPERATION WAS PE	RFORMED	20a. AUT	OPSY?	1 -		ERE FINDINGS C	ONSIDERED	IN CER	TIFYING	;
LIFIC						YES S	(NO 🗆	CA	USES OF DE	ATH?	رعة			
CERI	21a. ACCIDENT WAS UNI	DERLYING 21	b. TIME OF IN.	JURY	21c.	HOW INJURY OC	-	r nature af	injury in Po	irt 1 or Part 2,	Item 1B.)			
MEDICAL	OR CONTRIBUTING CAUS		OUR A.M. N	Manth Day Year	W 18						-			
MED	(If either, natify medical 21d. INJURY OCCURRED			HOME, FARM, STREET, FAC ICE BUILDING, ETC.		LOCATION Stre	et ar R.F.D. Na.		City or Tow	'n	County		St	tate
	While Not while	210. 12.02	OFF	FICE BUILDING, ETC.	/				,		,			
	22a. I certify that	(I) (MYE MYK K	Man attend	led the decease	ed fram	8 Mme	194	7 . ta	19 NO	ov. 19	48	that :	(1) (36)	at las
5	saw the decea	sed alive an	N Bi	GV:	960,0	and that in (n	ny) (větr) api	nian dea	th accurr	ed an the da	te and h	naur a	nd fra	m the
	causes stated	abave (1) (V	Xe) (did	d not) view the	bady afte	er death.		OW-			- 1	7		
	22b. SIGNATURE	1				ATTEND	NG - N	AED.	STAF		DATE SIGN			
		e 19	سكم		DI	EGREE PHYS.	D D	IRECTOR	PHYS	. 1	1/20/	68		
	22d. PHYSICIAN'S NAME (Type)					22e. AD						100		
	MAME (14be) M.	LLLLAM .	NOEL F	ENDER, M	.D	218	N. POI	OMAC	ST.,	HAGERST	OWN.	MD.		
23a	BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY	OR CREMATORY		23d. LO	CATION (City	ar Tawn)	(Caunty)	(State)
	REMOVAL (Specify)	11/2	1/68	ROSE	HIIJ.	CEMETER	Y	HAG	ERSTO	W. WASH	INGTO	IN.	MD.	
24.	ELINERAL DIRECTOR)		ADDRESS	100		2Sa A GO B	Y REGISTRA	AR 25	b. REGISTRAR'S				
C	Kaysom Ko	uger		HAGERSTO	WN. M	MARYLAND	DATE			1	W M	x	my	

ond 2. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and sempletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. P should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

ation do do do more and and an arrest a superior sould

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16605 16591 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR deoth. be executed within 24 hours after death puo meral (Type or print) Month John Erskine Robinson Nov IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) HOURS 15 Colored Oct 1888 Male 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Staunton, Va. physician and completely filled in Washington USA. WIDOWED T DIVORCED 12o. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) Street Laborer even if retired.) INDUSTRY please remove carbon ₹ Church Hagerstown Md event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Talend Washington Hagerstown YES NO F 143 W. Church Street and in ony 14. FATHER'S NAME Middle Middle Lost 15. MOTHER'S MAIDEN NAME First Robinson Taylor John Marv 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknawn) (If yes give war or dates of service) earsall 214-09-334 Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: 42 12200 0 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO NO YES 🗀 O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retoined by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Manth Day Year should be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram-2100 sow the deceased olive on 1966, and that in (my) (aur) opinion death occurred on the date and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATUR ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION. (City or Town) 23b. DATE (State) 23o. BURIAL, CREMATION. (County) Burial (Specify) Rose Hill Cemetery Hagerstown Wash Md. 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE

DATE NOV 1 8 1968

VR A15 (4) 30M REV, 1/68

FUNERAL DIRECTOR

		181	
Torre to the contract of the same	· =f:0.10	specify.	
	TO NOTE !	at in	
HOTOVILLAN	a la sala		
	S _a , e		BATE BOAT
70 Levenchire an.		ent makenakeni in	hreight w
All Marian	C.A.,	9(6) n.•	e*.10:
C PO DEVENSAGE OF S	алиалан Б.Го.а.	844-19-98	c =
n braun - entr' bre se	Ment of the manage of the state		
o X.II			
AMES YAHADI MUTUUS	72/79.2		

necessary, please execute the certificate, writing the word "pending"

files.

5 may be retained for your

VR A15ME (5)

DICAL EXAMINER:

TO DEPUTY

16593

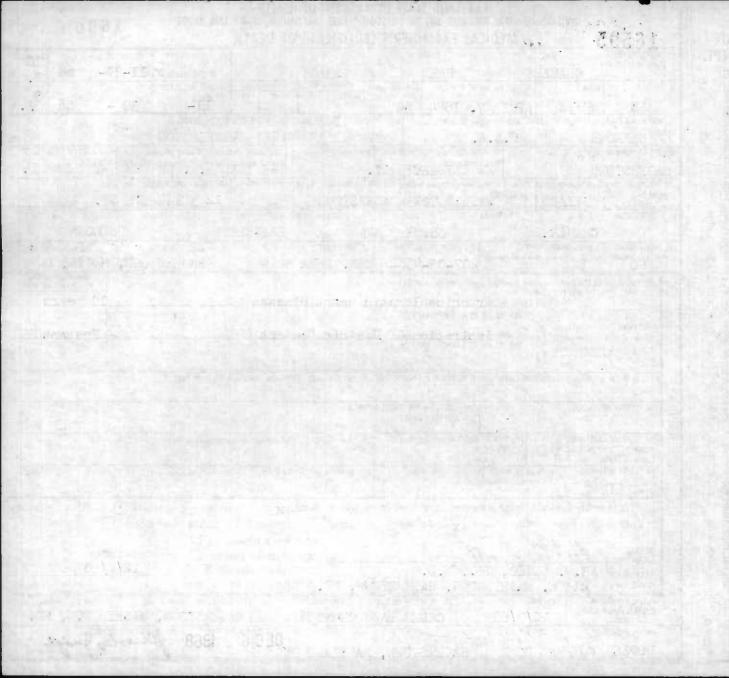
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16607

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)	First Daisy		Middle Ellen	Rowland	d DI	OF ESTI- EATH MATED - //	00	HOUR LUE OUN
	white e or foreign 7b. (aryland	Feb. 23 CITIZEN OF WHAT COU.S.A	DUNTRY? 8.	YRS. 9 5 MARRIED NEVER MARRIED WIDOWED X DIVORCED	9. COUNTY C	shington	Yeor 1968 11	HOUR
10. CITY OR TOWN O	wm	give street	oddress)829 Ga	. Ave.	during most of work	TION (Kind af wark dane tings even if retired.)		S OR
13a. USUAL RESIDEN odmission) STATE	CE (Where deceased I	ived, if institution: 3b. COUNTY Wa	Residence before 13c. shington H	city or town 13d INSI agerstown YES		STREET AND NUMBER		
14. FATHER'S NAME		Middle William	Lost Domer	15. MOTHER'S MAIDEN	NAME First Sarah	Middle Elizab e	eth Sweene	ey
(Yewe ar unknow	VER IN U.S. ARMED FORCE VID. (LEAS DIVE MODE)		social security no. 20-09-9245	17. INFORMANT DMr. Harold	William D	ADSES (Domer Hage)	Ga. Ave. rstown Md.	
Conditions, if grise to immed stating the urlast.	hy, which gave liate cause (a), aderlying cause	DUE TO, OR AS A (b) DUE TO, OR AS A (c) Seconds	Myo Can consequence of mylational a consequence of the Apritic	left ven + Coronary ATED TO THE TERMINAL DISEASE	tricle atheres	Scleipzi	ETWEN ONSET AND O	>
19a. DATE OF C			CONDITION FOR WHICH WAS PERFORMED?	OPERATION			20. AUTOPSY? YES NO	10 🗆
	R CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	21b. TIME OF INJUR HOUR A.M. P.M. E OF INJURY (At ho , office building, etc		21c. HOW INJURY OCCURR 21f. LOCATION Street or R.I.		injury in Part 1 or Part 2 City or Town		State
220. 1	certify that I took esulted from: No cluyer C	W. Ditto	Accident [Accide	M.D. ASSISTAN	OMICIDE, UI EDICAL EXAMINER IT MEDICAL EXAMINER MEDICAL EXAMINER (Street, city, town, ar	ndetermined monne	er [] TE SIGNED 12-1-6 F Washington Sown, Marylan	st.
Burial (Spec	Dec.	2 1968		m Cemetery		liamsport	(Caunty) (State)	
	L. Leaf W	Villiamsp					rale Onice	3 4

en san a da e	HATTAR	in the state of th	
			35,325
		a, e e	
		ROSPATABLES II A S	University of the
an analy whom been the	Y WOTENNA	II II AND THE AT	
		E CYAC .S	
The second of th	Table . asm?		a (-
WENT ALL COMMENTS	h ce not your fix		
			1.456.91
		E 16/1 ES/1/11	
12,059 Provident			



feath.

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated Page 4 may be retained by the haspital ar attending physician.

16596

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16610

CERTIFI	CATE (OF DE	ATH

1. DECE	EASED-NAME	First		Middle		Lost		2o. DATE OF			2b. HO
(Тур	pe or print)	Lore	ene	Florence	е	Shank		Nov	. Month 13 D	oy 1988'	8:2
3. SEX	Female		4. RACE	nite	5	S. DATE OF E	3/76		6. AGE (In years last birthday)	MONTHS OAYS	IF UNDER 24 HOURS
7o BIR	RTHPLACE (Stote of		7b. CITIZEN OF WI		8	D NEVER MA		9. COUNTY OF			
cauntr		0	USA		WIDOWE		RCED T		SHINGTON		
10. CIT	Y OR TOWN OF DI			AME OF HOSPITAL OR INS	TITUTION (f nat in haspital			(Kind of work done		F BUSINESS OF
H	AGERSTOW	N	give :	street address)	STATE	HOSPIT	AT during mo	st of working	life, even if retired.) • r k	Home	duti
	SUAL RESIDENCE (Where deceas	ed lived, if institut	ian: Residence befare	13c. CITY		13d. INSIDE CITY EIN	AITS? 13e. STI	REET AND NUMBER		
aamiss	sion) STATE Ma	arylan	d ISB. COUNTY 1	Washington	Big	Pool	YES NO		None		
14. FA1	THER'S NAME	First	Middle	Last	-31	15. MOTHER'S A	MAIDEN NAME Fi		Middle	ITE, L	Lost
		Jacob	C.	Shank			Cat	herine	Α.	Da	vis
16a. W	VAS DECEASED EVE s, no, or unknown)	R IN U.S. ARN (if yes give w	ED FORCES? at or dates of service)	16b. SOCIAL SECURITY N		7. INFORMANT		- 11	Address		30.
	s, no, or unknown) No		-	213-16-11		Garre	tt Sha	nk	Big	Poel	XIMATE INTERVAL
1	8. CAUSE OF DEA	L WIAC CALIEFE	nv	ne far (a), (b), ond (c).				21133		BETWEEN	ONSET AND DEAT
	1712/	IMMEDIA	TE CAUSE (a)	Lobular p	neumo	nia, ri	ght low	er lob	e	Un	known
	706			AS A CONSEQUENCE OF	Ma	BIE 7	W17-95				
ri	Canditians, if any, rise to immediate stating the under ast.	cause (a), (Cachexia of	f ade	enocarci	noma of	anus		22	months
Ī	PART 2. OTHER SIG	NIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE ORCO	ONDITION GIVE	N IN PART 1(a)		
Z	Arter	ioscl	erotic c	ardiovascu	lar d	lisease					Atti
TIFICATIC	9a. DATE OF OPERA	TION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUT YES			YES, WERE FINDINGS OF DEATH?		CERTIFYING
4	Ta. ACCIDENT WA OR CONTRIBUTING [If either, natify m	CAUSE OF OEAT	HOUR A.M.	Month Day Year					ry in Port 1 or Part 2	?, Item 18.)	
a	21d. INJURY OCCU While Not whi It wark at war	k 🗆		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town	Caunty	Stat
2	saw the o	eceosed o	ive an No	ended the deceose v. 12, 1 (didward) view the	9.68,0	and that in (r	_30, 19_6 my) (2000c) opir	17, to nion deoth o	Nov. 13, 1 occurred an the o	9 <u>68</u> , the date and hav	ot (I) (206) rand from
2	22b. SIGNATURE	hong	Chor	on Han	DI	ATTEND EGREE PHYS.	□ DI	ED. RECTOR	STAFF PHYS.	c. DATE SIGNED 11/13/6	8
2	22d. PHYSICIAN'S NAME (Type)	Cho	ng C. Ha	n, M.D.		22e. AD	DORESS West	ern Md ylvani	. State H a Ave., H	lospital agersto	wn, Mo
	BURIAL, CREMATION REMOVAL (Specify) Burial UNERAL DIRECTOR		/16/68	23c. NAME OF			25a. REC'D BY	1	ON (City or Town)	(County) Md	(Stote)
1	nargare	* Ron	wond	Clear Sp			DATE NO	V 18	1968 yel	corles y	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs VR A15 (4)

esab mes I		areth's	eoma úl	9.10122
		3/23/76	6/11/1	V 0.1318
	PERMIT ON			Landgest .
10.1	Walt can	H LINEAR S	ere in unes	
	enal	A Longey	id reducidadh	Service of the servic
	The military		Manual VA., da	
n verminė		igi (a. j.	The section of the se	
				THE RESERVE OF THE PARTY OF THE
		ALMOVIE .	Allert or all est o	
	A SHAPE			
	£1 .znn V			
				Grand Control
		1885 1221 E		
*			ringe trate	·./î:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16597			CERTIF	ICATE OF	DEATH				1.00	1
1. DECEASED-NAME	First	Middle	1,000	Last		2a. DAT	E OF DEATH			2b. HOUR
(Type or print)	harles	Elmer	910	Shor	t	1	Vovember	Day 17	1968	1
3. SEX	4. RACE			S. DATE OF	BIRTH	1	6. AGE (In ye	ears	IF UNOER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male		White		Dece	mber 2	5,1916	5 51	YRS.	MONTHS DATS	HOUKS MIN
70. BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	ARRIED	9. COUNT	Y OF DEATH			
Stanley, Va.	- L	ISA	WIDOWE		ORCED 🗌	1	Vashingto	n		M
10. CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN	ISTITUTION (lf not in hospital			TION (Kind of wor			8USINESS OR
Hagerstown	W W	e street address)	Co. Ho.	spital	during	elder	king life, even if re	etired.)	Struc	t.Steel
13a. USUAL RESIDENCE (Where d	eceased lived, if insti	tutian; Residence befare		OR TOWN	13d. INSIDE CITY	LIMITS? 13	e. STREET AND NUM		0.000	
admission) Maryland	Washi	naton	Hage	rstown	YES 🔀	NO 🗌	11 4thos	t.		
14. FATHER'S NAME First	Middle	Last		15. MOTHER'S	MAIDEN NAME	First	M	liddle		Last
Clan	de Dewe	ey. Sh	ort		A.	lice	Co	rrie	K	eyser
16a. WAS DECEASED EVER IN U.S Yes, go, ar unknown) (If ye		16b. SOCIAL SECURITY		7. INFORMANT	- GOSD			ldress		
ges V	W 2	213-18-81	45 /	Mrs. C. E	Short	11	4th St. 1	lager		
18. CAUSE OF DEATH (Ent	er only ane cause per	line far (o), (b), and (c)).)	0						MATE INTERVAL DISETIAND DEATH
PART 1. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	He xx ate	1	MIM	a				24	rus.
5911	· · · ·	R AS A CONSEQUENCE OF						1.65		
Conditions, if any, which g	ove)	Pinhos	e c	17 61	IER				14	1/
rise to immediate couse stating the underlying co		R AS A CONSEQUENCE OF							-	
last. 5	(c)_		/							
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH BUT N	NOT RELATED	TO THE TERMIN	IAL DISEASE OF	CONDITION	GIVEN IN PART I(o))		
Z CMIA	nie a	Impluele	am							
19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AU	TOPSY?		b. IF YES, WERE FIN	NDINGS CO	NSIDERED IN C	ERTIFYING

YES [

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth (If either, notify medical examiner) P.M.

23b. DATE

Doy Year

(did nat) view the bady after death.

21c. HOW INJURY OCCURRED

(Enter nature of injury in Part 1 ar Part 2, Item 18.)

21d. INJURY OCCURRED While Nat while ot wark

(AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

21f. LOCATION Street or R.F.D. Na City or Town

County

State

22a. I certify that (I) (this haspite saw the deceased alive causes stated abave, (1)

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS. DIRECTOR STAFF PHYS.

and that in (my) (aur) apinion death accurred an the date and haur and fram the

22c. DATE SIGNED

PHYSICIAN'S NAME (Type)

226. STANATURE

Donald E. Martin, M.D.

22e. ADDRESS 363 S.

Cleveland Ave., Hagerstown, Md. 23d. LOCATION (City ar Town)

(County)

(State)

director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove corbon should be filed with the State Dept. af Health prior to burial, cremation, or removol, and in ony event, wit

23a. BURIAL, CREMATION, REMOVAL (Specify) Haven Juneral Chapel

Rest Hoven Cemetery Hagerstown, Md.

physicion and completely filled in by the funerol en please remove corbon papers. Roges 1 and 2 ovol, and in ony event, within 12 bours after death.

the affecting physicion was corbon seit nermit. Then please remove corbon

Artificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 moy be retained by the hospital or attending physicion.

Charles Dank Stark 17 1968 a office tensons, but tent in the second of the seco Theoretical Columnian Colors Colors To The Health Doubs Lorey short there Single of the state of the stat teet more meetal, acout more astony, in-

IN FLORED W. DITTE III WINSHESTEN ST. WEST, IN

12/2/60 Mar. No. 1 Mar. State 1 Mar. Wall. State 1

2b. HOUR

1659	DIVISION O	F VITAL RECORDS, 30	STATE DEPARTMENT OF 1 W. PRESTON STREET, BA RTIFICATE OF DEATH	LTIMORE, MARYLAND 212	201
ASED-NAME	First	Middle	Lost	20. DATE OF DEATH	
e ar print)	Frederick	James	Sponaugle	November	22
	4. RACE	81.6	S. DATE OF BIRTH	6. AGE (In year last birthday)	

(1	ype ar print)	Freder	ick	James		Sponaugle		November	20x	1968		M
3. SE	Х	SV LIVY	4. RACE		OTTE OF	S. DATE OF BIRTH		6. AGE (In ye		IF UNDER 1 YEAR		DER 24 HRS.
13	Male	RIMA		White		July 11,1	1897	last birthda	YRS.	MONTHS DAYS	HOUR	S MIN
cour	BIRTHPLACE (State a stry) werton.		b. CITIZEN OF WH	_	8. MARRIE	NEVER MARRIED DIVORCED	9. COL	UNTY OF DEATH Washing	ton			Md.
	ITY OR TOWN OF D		11. N/	AME OF HOSPITAL OR INS	TITUTION (II	nat in haspital 12a		UPATION (Kind of work	dane	12b. KIND 0	F BUSINE	SS OR
	Villiamsp			treet address Bower	Ave.	dw/	ing mast af i	warking life, even if re etal Mecha	nic.)	Hirc	rati	t
130.	USUAL RESIDENCE (Where deceased	lived, if institut	ion: Residence before	13c. CITY (, use =	E CITY LIMITS?	13e. STREET AND NUM				
-	ssion) Maryla	nd	13b. COUNTY Wash	ington	Will	iamsport] NO [X]	Bower Ave	. K	(#2		
14. [ATHER'S NAME	First	Middle	Last		15. MOTHER'S MAIDEN NA		Mi	iddle		Las	it
16	Am	brose	Pare	s Sponau	igle	1	Diana			Thomp	son	
	was deceased eve es, no, or unknown)		or dates of service)	232-26-86		Informant Irs. Gabriel	la K.S		dress	R#	2 t.M.	d.
	IB. CAUSE OF DEA	ATH (Enter only	one couse per lin	for (o), (b), and (c).) (Α.	_ 1	4		APPRO BETWEEN	CINSET AN	ERVAL D DEATH
	PAKI I. DEAII	I WAS CAUSED E	CAUSE (o)	orenery	/hr	encours	C eth	purctun	_	Jan	270	ces-for
	4109	7	DUE TO, OR A	S A CONSEQUENCE OF						1,1		
	Conditians, if ony, rise to immediate		(b)	attur	1201	ussa				Je	an	レ
	stating the under		DUE TO, OR A	AS A CONSEQUENCE OF						1		
	lost.)	(c)				-					
	PART 2. OTHER SIG	SNIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEAS	E OR CONDITI	ON GIVEN IN PART 1(a)				
×	4201	No	ne									
CERTIFICATION	19a. DATE OF OPERA	TION 19b. CO	NDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES	10	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS C	ONSIDERED IN	CERTIFYI	NG
	210. ACCIDENT WA		21b. TIME OF			HOW INJURY OCCURRED	(Enter natur	e af injury in Part 1 ar	Port 2,	item 18.)		
MEDICAL	ar cantributing [(If either, notify m		HOUR A.M.	Month Doy Yeor								
MEI	21d. INJURY OCCU While Not wh at work at wor	RRED 21e. PL		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street or R.F.	D. Na.	City or Town		County		Stote
	saw the o	deceosed aliv	e an	ended the decease 1 (did not) view the l	9630	nd that in (my) (our	19	tadeath occurred on			t (I) (and f	we) lost rom the
	22b. SIGNATURE	PROCU	Itleson		4-3	GREE PHYS.	MED. DIRECTO	STAFF PHYS.	22c.	DATE SIGNED	· v	
	22d. PHYSICIAN'S NAME (Type)	JII	. Wils	TON M.	D.	22e. ADDRESS		WE LEGILLS	SPER	storm	n	201.
23a.	BURIAL, CREMATION	l, 23b. DA	TE	23c. NAME OF	CEMETERY C	R CREMATORY	23d.	LOCATION (City or Tow	/n)	(Caunty)	(Sto	ote)
	REMOVAL (Specify)	11	/25/68	. Rest k	laven	Cemetery	H	lagerstownp	Wast	rinator	Md	
24.	FUNERAL DIRECTOR	When.	cral Ch	ADDRESS	erstou	2Sa. R	NOV 4			SIGNATURE	noig	Res

Hagerstown, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon expers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 years after death. VR A15 (4) 30M REV. 120 P

1. DEC

certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital ar attending physician.

						a Marking
	c [1-7			2000		
				3.5.70		2
	963 (86/lb/)					
James .						
	* following	7 J. 300	nus cálda			100
DOMESTIC OF		19631		(Caralypout Tool)	A Swa	

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fillurate by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-0	0	10		n L
3	ta:	6	3	60

	DECEASED-NAME Firs		ddle	Last	2a. DATE OF		Vege	2b. HOUR
'	Je:		rl	Stephen	No	vember 4		3 _P 20
. S	male	4. RACE whit	е	5. DATE OF BIRTH 8-22-189	14	6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
M	laryland	USA	WIDOWED			Washingt	on	M
	CITY OR TOWN OF DEATH Hagerston	wn Wash Co	pital or institution (if i ss) unty Hosp			(Kind of work done life, even if retired.)	12b. KIND OF E	usiness or
3o. dn	o. USUAL RESIDENCE (Where decennissian) STATE Md.	osed lived, if institution: Resider 13b. COUNTY Was	sh. Hager			Devonsh		
4.	FATHER'S NAME First	Middle	Lost 1	S. MOTHER'S MAIDEN NAME		Middle		Lost
¥	A1b	ert Stephen			Mary A	. Leiste:	r	
	a. WAS DECEASED EVER IN U.S. AF			INFORMANT	[7.8 land	Address		
	Yes, na, or unknown) (If yes give	219-	30-5509 M	rs. Mary S	tephen	Hagerst		ATE INTERVAL
	PART I. DEATH WAS CAUS IMMED Conditions, if ony, which gave rise to immediate cause (a) stoting the underlying couse last.	DIATE CAUSE (a) A CONSEC DUE TO, OR AS A CONSEC (b) Left a	QUENCE OF	el failure			10 d	ays?
	Series A	Thurs cluste					eno scl	uosci
CERTIFICATION	190. DATE OF OPERATION 191	6. CONDITION FOR WHICH OPERATION Chole / Holas	ION WAS PERFORMED	20o. AUTOPSY?	20b. IF	YES, WERE FINDINGS OF DEATH?		
Ē	10-11-60	0		YES NO				
		TING 21b. TIME OF INJURY HOUR A.M. Month D	Day Yeor	HOW INJURY OCCURRED (Ent	_	y in Port 1 or Port 2,	Item 18.)	
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF OE (If either, natify medicol exam 21d. INJURY OCCURRED While Of work	(TNG 21b, TIME OF INJURY HOUR A.M. Month Inner) P.M. AT HOME, FAR OFFICE BUILDI	Day Yeor 19 RM, STREET, FACTORY, 21f. Ling, etc.	OCATION Street or R.F.D. N	er noture of injur	or Town	Caunty	State
	OR CONTRIBUTING CAUSE OF OR (If either, natify medicol exam 21d, INJURY OCCURRED While Nat while at work 22a. I certify that (I) (the saw the deceased)	YING 21b. TIME OF INJURY HOUR A.M. Month D P.M.	Day Yeor 19 RM, STREET, FACTORY, 21f, Ling, etc. e deceased fram	OCATION Street or R.F.D. N	er noture of injur	or Town	Caunty	
	OR CONTRIBUTING CAUSE OF OR (If either, notify medicol exam 21d. INJURY OCCURRED 21 While Not while atwork of work 22a. I certify that (I) (1 saw the deceased causes stated about 22b. SIGNATURE	TING 21b. TIME OF INJURY HOUR A.M. Month Inner) P.M. Month Inner) P.M. AT HOME, FAR OFFICE BUILD!	Day Yeor 19 RM, STREET, FACTORY, 21f, Ling, etc. e deceased fram	OCATION Street or R.F.D. No. 19_0d that in (my) (our) ap death.	a. City Garage A ta A printed to the control of th	or Town OCCUTTED ON the do STAFF PHYS. 22c.	Caunty that the and have a DATE SIGNED	(I) (we) la and fram th
	OR CONTRIBUTING CAUSE OF OR (If either, natify medical exam 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (1 saw the deceased causes stated above 22b. SIGNATURE	TING 21b. TIME OF INJURY HOUR A.M. Month Inner) P.M. Month Inner) P.M. AT HOME, FAR OFFICE BUILD!	Day Yeor 19 216. Links, STREET, FACTORY.) 216. Links, ETC. 217. Links, ETC. 218. Links, ETC. 219. Links, ETC	OCATION Street or R.F.D. No. 19_0d that in (my) (our) applicate. REE PHYS. 22e. ADDRESS 217	Ga, ta Asiminon deoth of the Director Director Wash	or Town OCCUTTED ON the do STAFF PHYS. 22c.	Caunty that ate and haur of the signed of t	(I) (we) la and fram th
MEDICAL	OR CONTRIBUTING CAUSE OF OR (If either, natify medicol exam 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (t	TING PATH INDICATION (a) 21b. TIME OF INJURY HOUR A.M. Month Indication P.M. (a) PLACE OF INJURY (AT HOME, FAR OFFICE BUILD) (b) A Company (Company (Comp	Page 19 21f. Links, ETC. 19 21f. Links, ETC. 21f. Links,	OCATION Street or R.F.D. No. 26 30 19 and that in (my) (our) applicable. REE PHYS. 22e. ADDRESS 217 Hage	o. City Ga, ta principle of injured on the control of the control	or Town VOU 4 , 19 occurred on the do STAFF	Caunty Caunty that ate and haur of DATE SIGNED Caunty County)	(I) (we) la: ind fram th

Her Steel N. 1985 Yes	madriad	ive	
	TV1 (+03-0	grille	2,64
		ART	bhal cial
M. diagonla - Compode	inii dagga	collection of the	involvingal
. Lood . Lei Sanovall 30	Z meetin	anak dam	
Telephone and the control of the		Stenlens	Jack Line of the last of the l
and Higherwaysus and the	solvin .an	9001-00-01E	
	I vendenda l	Heat Baren	THE PERSON NAMED IN

IF UNDER 1 YEAR

16601 1. DECEASED-NAME **JOHN** (Type ar print) 3. SEX 4. RACE WHITE

Middle MERVIN

Last STRALEY

10/9/1903

NOVEMBER 23004 1968 6. AGE (In years

2a. DATE OF DEATH

MALE

within 24 hours after death

The law requires that the death certificate be

and campletely filled in

remove

signed by the attending physician burial-transit permit. Then please

70. BIRTHPLACE (Stote or foreign CPRN NSYLVAN TA

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED X NEVER MARRIED WIDOWED |

lost ginndoy) 9. COUNTY OF DEATH

10. CITY OR TOWN OF DEATH

13b. WANSHINGTON HAGERSTOWN

DIVORCED |

S. DATE OF BIRTH

WASHINGTON

HAGERSTOWN

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN

11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital gives the strength of 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital

13d. INSIDE CITY LIMITS?

YES

13e. STREET AND NUMBER

J.

12b. KIND OF TUFFOR ORTUF

IF UNDER 24 HRS.

admission MATHEY LAND 14. FATHER'S NAME First

Middle H. STRALEY

15. MOTHER'S MAIDEN NAME First

ANNIE

NO

Middle

352 WEST SIDE AVE.

EDWARD

Yes prorunknown)

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 17. INFORMANT 176-18-2962A

HUGHES

Addra RA GERSTOWN MRS RHODA E. STRALEY

MD.

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave)

rise ta immediate cause (a), stating the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

20a, AUTOPSY? YES Z

NO 🗌

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED

19a. DATE OF OPERATION

While Not while at wark

21b. TIME OF INJURY HOUR A.M.

P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

Month Doy Year

City or Town

County

State

220. I certify that (I) (this hospital) attended the deceased from Tofie, 19 65, to 1/23, 19 66, that (I) (we) last saw the deceased alive an 1/23 19 66, and that in (my) (our) opinion death occurred on the date and haur and fram the couses stated above, (I) (we) (did) (did pat) view the bady ofter death. 22b. SIGNATURE

22d. PHYSICIAN'S

24. FUNERAL DIRECTOR

NAME (Type)

John St Stomba back DEGREE

John H. Hornbaker, M.D.

22e. ADDRESS

ATTENDING PHYS. MED. DIRECTOR 154 W. Washington St.,

PHYS.

23d. LOCATION (City or Town)

Hagerstown Md.

22c. DATE SIGNED 11-25-68

277/0

(County)

230. BURIAL CREMATION,

11/26/68

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.

ADDRESS

GREENCASTLE 25a. REC'D BY REGISTRAR

FRANKLIN PA. 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

directar, page shauld be filed

O FUNERAL DIRECTOR: After this certificate

be retained

D. A. Part				1.1000
	te qualitate			
	THE EUR	1./		
	acoldina .			TENANTE STATES
	OLO CAPACITE LA	1.1 Koz . 05 R	ut Signaliani.	i Burtannuñ
. Even Ad	1 22			CHATTER
	,			URAWOS
	ui Videnia "Tadik	888 ASS88	in the it.	١٠,٠
ę •				
			1/5/2	β÷
Mary March	- 101-23-(968-27		4 X	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16616

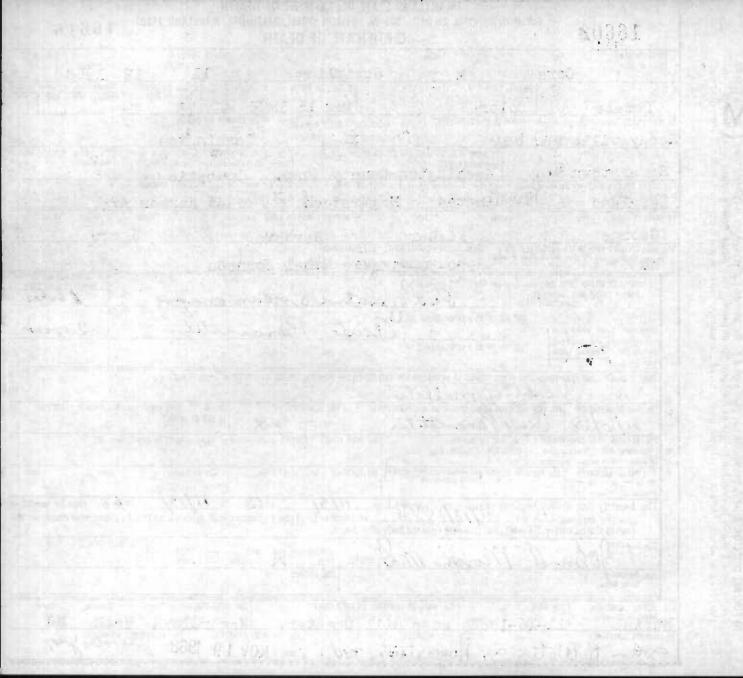
DECEASED-NAME First last 20. DATE OF DEATH 2b. HOUR Middle (Type or print) Month Cora Stripling IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) HOURS Colored Female Aug 16 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Keedysville Md DIVORCED Washington WIDOWED K 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
Washington during mast of working life, even if retired.) INDUSTRY Hagerstown Md. County Hosp 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. TNSIDE CITY LIMITS? YES X Harmon 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost George Keats Fisher Barbara 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) 220-30-914/Mrs Ethel Johnson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY wites Nexto DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 68 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 11151 saw the deceased alive an 1113168 19 , and that in (and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Wash 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR **ADDRESS**

24 hours and in any event, within 72 remove carban pape and campletely filled within physician The law requires that the death certificate burial, crematian, or remaval, signed by the burial-transit p Page 4 may be retained by the haspital or attending physician. r this certificate has been si detached far use as the bi te Dept. af Health prior ta bu should be detached with the State Dept. of O FUNERAL DIRECTOR: After director, page 3 shauld be filed v

> VR A15 (4). 30M REV. 1/68

death.

16602



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16617

16603 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate-be executed within 24 hours after death. (Type or print) SULLIVAN, SR NOVEMBER JOSEPH LEON IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) mpletely filled in by the OCTOBER 7. MALE WHITE within 72 hours 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) MARYLAND DIVORCED WASHINGTON U.S.A. WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.)
SCHOOL TEACHER **INDUSTRY** COUNTY HOSP. HAGERSTOWN PUBLIC SCHOOL 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER event. 13b. COUNTY WASHINGTON odmission) STATE Ve 234 MEALEY PKWY. HAGERSTOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost SULLIVAN ODA VANNOY MICHAEL 16b. SOCIAL SECURITY NO. Address MEALEY PKWY. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) Yes, no, or unknown) 216-09-7082 HAGERSTOWN. MRS. MARY SULLIVAN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Massive GI Hemorrhage IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove) signed by the buriol-tronsit p Duodenal Ulcer rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 541.0 Cerebral vascular accident O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190, DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO 🔀 none 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor none (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (Mix Prospital) attended the deceased fram Aug., 1961, to Nov., 1968, that (I) (MX) last sow the deceased alive on Nov 10 1968 and that in (my) (MX) opinion death occurred on the date and hour and from the causes stated above, (1) (We) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 11/11/68 DEGREE PHYS. director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) H. R. TRITCH. JR., M.D. 302 N. POTOMAC ST. HAGERSTOWN, MARYLAND 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 11/13/68 HAGERSTOWN WASHINGTON. REST HAVEN CEMETERY 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DATE NOV 15 1968

-HAGERSTOWN, MARYLAND

Due 3-

30M REV. 1/68

HILLY SO STROKE IS

And the last of th

MARYLAND STEET DEPARTMENT OF HEALTH

Washington

24

U.S.A.

(County)

Virginia

. IS RESIDENCE ON A FARM?

YES NO ST

19 68

Min.

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED?

NO M

(Stata)

DATE 22b.

SIGNED

Yeer

20M S-63

The state of the

Linux H orillin

Algerald captores thereald

Harden and Land

SOURSON MEET STATE

June 20, 1909

filesona . Estili

2020-1-200335 Mrs. wilds 2. Toylor-141/wasport, Mrs.

1 Personal to the state of the state

and we will a make the salahi.

TOTAL STATE OF THE STATE OF

11-27-1963 Chestnut Grove Cenerery Viller

And for it in the Martingoury Western Control

	16605	DIVISION OF VITAL RI		PRESTON STREET, BAL CATE OF DEATH		RYLAND 21201	166	19
			ddle THUR TR	IMMER	20. DATE OF	Month Doy Vember 5	1968	2: 30 _M
3. SE	Male	4. RACE White		S. DATE OF BIRTH NOV.14,18		6. AGE (In years lass lass lass lass lass lass lass l	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or foreign ntry) Penna.	7b. CITIZEN OF WHAT COUNTR U.S.A.	Y? 8. MARRIED WIDOWED			hington		Md.
	TITY OR TOWN OF DEATH		pital or institution (if sigton Co	not in hospitol 120. US Hospital 1 viring	MAL OCCUPATION mast of warking A C C O U	(Kind of work done life, even if retired.) ntant	12b. KIND OF INDUSTRY Reti	
	USUAL RESIDENCE (Where de ission) STATE Maryland	eceased lived, if institution: Resider 13b. COUNTY Washingto		VEC T		REET AND NUMBER W.Washir	ngton	, St.
14.	FATHER'S NAME First W	illis Trimme:		s. MOTHER'S MAIDEN NAME Ber		Myers Middle		Last
	(exno of unknown) (If yes			Mrs. Fa	nnie T	AddressMa rimmer Ma		ille, Md
-	PART I. DEATH WAS C	er anly ane cause per line far (a), (AUSED BY: MEDIATE CAUSE (o)	b), and (c).)	utn'enlar s	Handsx	:11	BETWEEN O	MATE INTERVAL ONSET AND DEATH
0.000000	Canditians, if any, which g rise ta immediate cause stating the underlying co lost.	DUE TO, OR AS A CONSECUTIVE (c). DUE TO, OR AS A CONSECUTIVE (c).	QUENCE OF	epolete A-V	of Prise	4.5 4.	78	varo
Z	PART 2. OTHER SIGNIFICANT 420 /	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	01004			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT		20a. AUTOPSY? YES NO	CAUSE	F YES, WERE FINDINGS C S OF DEATH?		ERTIFYING
MEDICAL CER	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, notify medical exominer) P.M. 19							
M	at wark at wark	21e. PLACE OF INJURY (AT HOME, FAI OFFICE BUILD				y ar Tawn	Caunty	State
	saw the decease	(this hospitol) ottended the ed alive on	11-51966,01	nd that in (my) (our) a	pinian death	accurred an the do	te ond hour	(I) (we) last ond from the
	22b. SIGNATURE	e St I tom be he	MATO DEC	GREE PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remane carban papers. Pagshauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

rdeath

campletely filled in by

Nov.9.1968 Mt. Rose Hagerstown, Md. ADDRESS Coffman Funeral Home

23b. DATE

JOHN H. HORNBAKER

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,
BURIAL (Specify)

23a.

Mt. Rose Ce metery

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

(County) (Stote)

TON ST.

ery York York

25a. RECD BY REGISTRAR

DATE

125b. REGISTRAR

125b. REGISTRAR

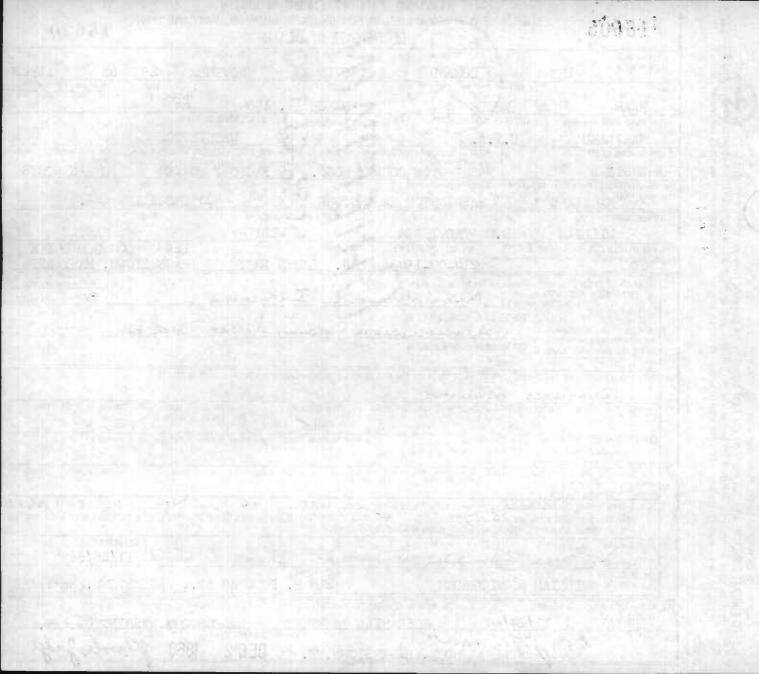
125b. REGISTRAR

W. WASHING

HAGERSTOWN - MD 23d. LOCATION (City or Town)

DATE

MARYLAND STATE DEPARTMENT OF HEALTH



and 3 to any delay is

5 may be retained for your files. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 ice olong with form O FUNERAL DIRECTOR: Page 3 should be used us a variation of the death.

Health prior to buriel, cremation, or removel, and in any event within 72 hours after death. the funeral director. Page 4 should be forworded to the Chief Medical Examiner's

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

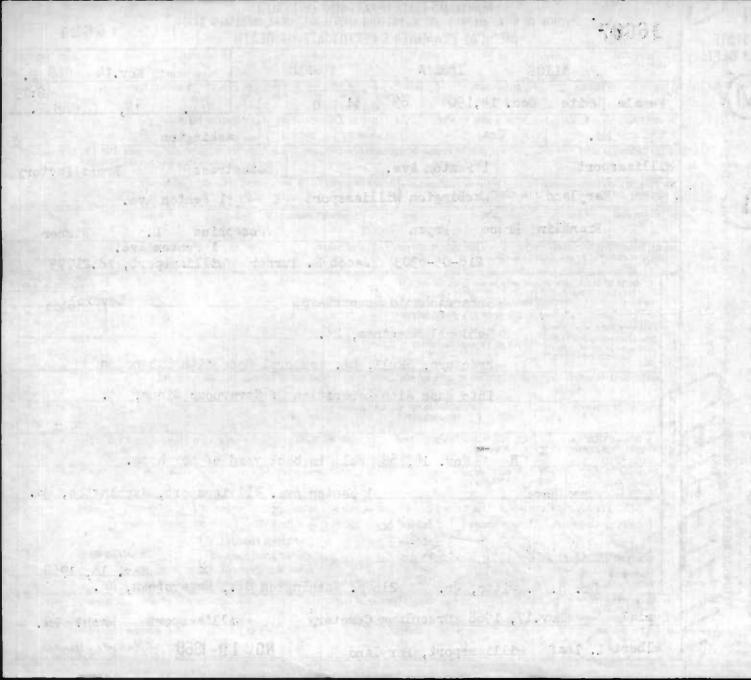
TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. DECEASED-NAME (Type or Print)	Firs	t		Middle	Lost		20. DATE KNO	WN Month	Day	Year	2h HOUR
	ALI	CE	IDE	LIA	TURNE	R	OF EST DEATH MAT		.14	1968	
3. SEX	4. RACE	5. DATE O)F BIRTH	6. AGE (In yea	rs IF UNDER 1 YEAR	IF UNDER 24 HRS	2c. DATE PRON	OUNCED DEAD			24. HOUR
Female	White	Dec.	14,1904	lan birthday)	RS. 121 OAYS	HOURS MIN	Month	Doy	Yeo	1968	P- N
	Md.	ט	F WHAT COUNTR'	W		_	OUNTY OF DEATH Washingt	on			М
o. CITY OR TOWN	port	(give street end be	on Ave.	ION (If nat in haspital	during most	OCCUPATION (Kind of warking life, e Stress	ven if retired.)		D OF BUSIN	tory
3o. USUAL RESIDE odmissian) STA1	NCE (Where deceo	sed lived, if i	nstitution: Resid	ence before 13c. C gton Wil	liamsport	d. INSIDE CITY LIMITS? YES NO	13e. STREET AN	on Ave.			
4. FATHER'S NAME	First Frankli		Aiddle LCO B	ryan	1S. MOTHER'S MAII		ephine	Middle D.	,	lost Fishe	
6a. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16b. SOCIA	SECURITY NO.	17. INFORMANT			tionssAve		TOMO	A.
(Yenno, ar unkno	own) (If yes give	war or dates of ser	rvice) 216-0	5-6303	Jacob R.	Turner				21795	
Conditions, if rise to imme stating the Last.	ony, which gove adiate cause (a), underlying cause	ATE CAUSE (a) DUE TO (b) DUE TO (c)	Subdura O, OR AS A CONS Fractur RIBUTING TO DEA	EQUENCE OF EQUENCE OF Skul	L, Rt. Temped to the terminal D	ISEASE OR CONDIT	TION GIVEN IN PAR	Extens:		Altes	5
CAUSE OF DEA	L CAUSE WAS OR CONTRIBUTING : ATH CCURRED 21e.	PLACE OF INJU	ME OF INJURY Man UR P.M. Nov URY (At hame, fa	th, Day, Yeor	21c. HOW INJURY OC Fell in 1 21f. LOCATION Street of	back yar	ture of injury in P	ort 1 or Port 2,	20	YES 🔀	



	MARYLAN	ND S	TATE	DEPA	RTMENT	OF	HEALT	ŀ
41	DECORDE	001	344 P	DECTON	CTREET	DALT	TALABLE	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

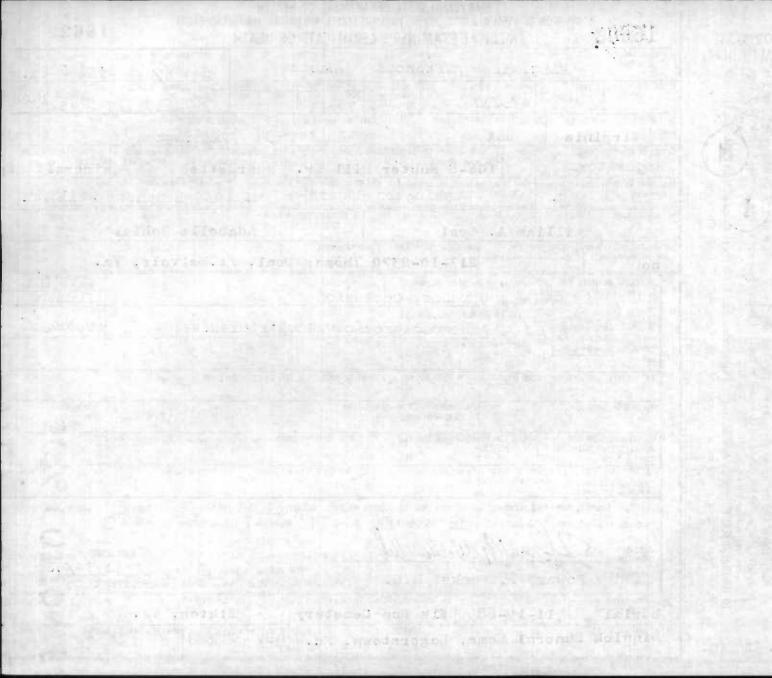
16622

1660	S		L EXAMINER'S				166	22
DECEASED-NAME (Type or Print)	first Vir	ginia	Middle Frances	lost Want	z	OF ESTI-		eor 2b. HOUR a. M
3. SEX F	4. RACE	5. DATE OF BIRTH 4/5/17	6. AGE (In ye lost birthday	ars IF UNDER YEAR /) MONTHS DAYS YRS. 7 11	HOURS MIN	ZC. DATE I NOROUNCED DE	V Voor	2d. HOUR 1:00 M
70. BIRTHPLACE (Stote country) Vire 10. CITY OR TOWN O Hagers	ginia DE DEATH			TION (If not in hospital	DRCED 120 USUAL	Washington OCCUPATION (Kind of work of the following life, even if retired	done 112b KIND O	Md OF BUSINESS OR raft Mf
-	ICE (Where decease	ed lived, if institution	-H Hunter n: Residence before 13c. Vashingtor	Hagers	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
14. FATHER'S NAME	First Willi	Middle	eal lost	15. MOTHER'S MAI		st Middle		Last
(Yes, na, or unknown)			b. SOCIAL SECURITY NO. 17-10-257	17. INFORMANT O Thomas	Deal,	ADDRESS Ft.Belvoir	, Va.	
1B. CAUSE OF PART I.		y one couse per line f BY: TE CAUSE (a)COI	for (o), (b), ond (c).) ronary Occ	clusion			BETWEEN	oximate interval n onset and death dden
rise to immed stating the un lost.	ony, which gove diote couse (o), nderlying couse	(b) Atl	A CONSEQUENCE OF A CONSEQUENCE OF				Yea	ars
PART 2. OTHER 190. DATE OF C			b. CONDITION FOR WHICH WAS PERFORMED?		ISEASE OR CONDI	ITION GIVEN IN PART I(o)		UTOPSY?
	OR CONTRIBUTING		URY Month, Doy, Year	21c. HOW INJURY O	CURRED (Enter no	oture of injury in Port 1 or Po		
a la misoni o	CCURRED 21e. P	LACE OF INJURY (At h tary, office building, e		21f. LOCATION Street	ar R.F.D. No.	City or Town	County	Stote
	Howar	Natural causes: world N. Wee	remains described ab XX Accident Weeks, M.D. 23c. NAME OF CEMET E1k Run	Suicide, CHIM.D. ASS DEF ADI	Hamicide EF MEDICAL EXAM SISTANT MEDICAL EXAM DRESS(Street, city,	NINER 22b	D. DATE SIGNED 11/16, hington (County)	
24. FUNERAL DIRECT	TOP		, Hagerst		25 000 BY	PEGISTRAR 256 REGIST	TRAR'S SIGNATURE	dat

VR A15ME (5) 10M REV. 1/68

DICAL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	0	63	23
2	U	U	2	U

-			1000%			ERTIFICATE OF DEA	TH			1-11-
≟	+2		DECEASED-NAME	First	Middle	Lost	20. DATE OF		V .	2b. HOUR
ded	haneral ond 2 er death		(Type ar print) Ra	lph	Elmer	Weaver	Nev.	Month 7 Doy	1968	8:00
fer	1	3. 5	SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR
rs at			Male		White	Aug. 19	1892	76 YRS.	monnia DA73	
Inpu	0 0	7o.	BIRTHPLACE (State ar fore	•	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	7.69424		
24			Maryland	U.S		WIDOWED# DIVORCED	Wasii.	ngten	Total Control	-
Ę.			CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS give street oddtess) S. Martir	IIIUIION (It nat in haspital 12c	ing most of working	(Kind of work done ife, even if retired.) ntracter	12b. KIND OF E INDUSTRY Pavi	BUSINESS OR
×	carban ent, with	120	Clear Spri	ng	S. Martin	1 St.	Paving Co	ntracter REET AND NUMBER	Pavi	ng
Jred	pple co	/ adt	Maryland	13b, COU	NTY Stington	Clear Spring			O.A.	
Xeci	remaye carban		FATHER'S NAME First		idle Lost	15. MOTHER'S MAIDEN N	# 5	Martin Middle	St.	Lost
be	E e		Unknown			Unkne				
ate	and an	16	. WAS DECEASED EVER IN	J.S. ARMED FORCES?	16b. SOCIAL SECURITY I	IO. 17. INFORMANT		Address		
requires that the death certificate be executed within 24 haurs after death g physician.	attending physicio sermit. Then plea on, ar remaval, an		Yes, no, or unknown) (II	yes give war or dates of serv	216-07-8	3714 Lleyd P.	Weaver	Big Pee	1. Md.	
e e	Jing phy Then remava		18. CAUSE OF DEATH (inter anly one couse	per line for (a), (b), and (c).		y Harat			NATE INTERVAL NSET AND DEATH
eath	mit. ar re		PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (a)	Ventriucla	r Fibrillation			5 m	ninutes
e d	permit.		4109	DUE TO	OR AS A CONSEQUENCE OF	T C (1				. 1
±	by the att transit per cremation,		Conditions, if ony, which	se (a). (b	Myocardial	Intarction			3 mc	onths
E H	signed by the burial-transit burial, cremat		stoting the underlying	COUSE DUE TO	OR AS A CONSEQUENCE OF	otic Heart Disea	350		1 y	oar
uires	gne		PART 2 OTHER SIGNIFIC	1.	7	OT RELATED TO THE TERMINAL DISEAS		IN PART I(a)		car
req g			Diabetes	Mellitus.	Pulmonary I	Imphysema and I	Fibrosis	THE TAKE I(U)		
law	s been as the priar ta	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		YES, WERE FINDINGS CO	INSIDERED IN CE	RTIFYING
The	h se h	ZIE				YES 🗆	NO CAUSES	OF DEATH?		
N D	ficate far us f Healt				IME OF INJURY A.M. Month Day Yeor	21c. HOW INJURY OCCURRED	(Enter nature of injur	y in Port 1 ar Part 2, I	tem 18.)	
Die pite	of f	MEDICAL	(If either, natify medica	l examiner)	P.M. 19					
PHYSICIAN: le haspital ar	this certi detached e Dept. a	2	21d. INJURY OCCURRED While Nat while of work	21e. PLACE OF IN.	JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street ar R.f.	D. No. City	or Tawn	Caunty	State
			of work of work	/I) historianasana	\	d from Arrow 13	10.69 to M.	7 106	Q that	(1)2626-) I
ATTENDING etained by th	d be state		saw the dece	(i) (Miscrospher	Nov. 1.	ed from Aug. 13 968, and that in (my) (%	Napinian death o	ccurred on the day	te and haur o	ind fram t
TEN	aulc aulc		causes stated	abave, (I) (3636)	(did) (did) (view the	bady after death.				
R Al	DIRECTOR: ge 3 shauld led with th		22b. SIGNATURE	10. 0	1.	DEGREE PHYS	MED.	STAFF PHYS.	ATE SIGNED 11/08/6	8
pe	AL DIR		22d. PHYSICIAN'S	me of	oper Cother	DEGREE PHYS.	DIRECTOR -	PHIS.	11/00/0	O .
PITA ma	RAI r, po		NAME (Type) A	chie Robe	ert Cohen, M	.D. Clear	Spring, N	laryland		
TO HOSPITAL OR Page 4 may be re	director, page shauld be file	230	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO	N (City ar Tawn)	(County)	(State)
200	5 4 4		REMOVAL (Specify)	11/9/68	Rese	Hill Cemeters	Cles	r Spring	Md	
	VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	0	ADDRESS	Hill Cemeter	EC'D BY REGISTRAR	25b. REGISTRARS	SIGNATURE	Ne III
	30M REV. 1/68	L	Margan	ex How	land Clear	Spring, Md DATE	MUN IS B	168 golio	res you	7

i e ect	Nov.	m vasii	of miles	* * * * * * * * * * * * * * * * * * *	
					I all
			. 1.2		
and your	adar Janes La	v .	S. midself. S		71.0
- A		o' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	following mades and the	The state of	
		(A) (1) (A) (A) (A)			
	ies nast nagas				
marter 8					
a Emilia		1912	ah da kacera		
284		nerodili presi	nise w injourned a A		
	1140	mid bya Amsum	gus yraicalis	id II off reader	
			,	Sold and the little	
1 SALINET	EL DE LIVE		Des Ext	ELLE	
			rich Service En		
LANGE AND	2 030 E	Win to the	ac ang to the		

thin 24 hours after death any deloy is cil in Item 18. Give Pages 1, 2, and 3 to hiner's Office along with form PM3. Page

be execut

This certificate should

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

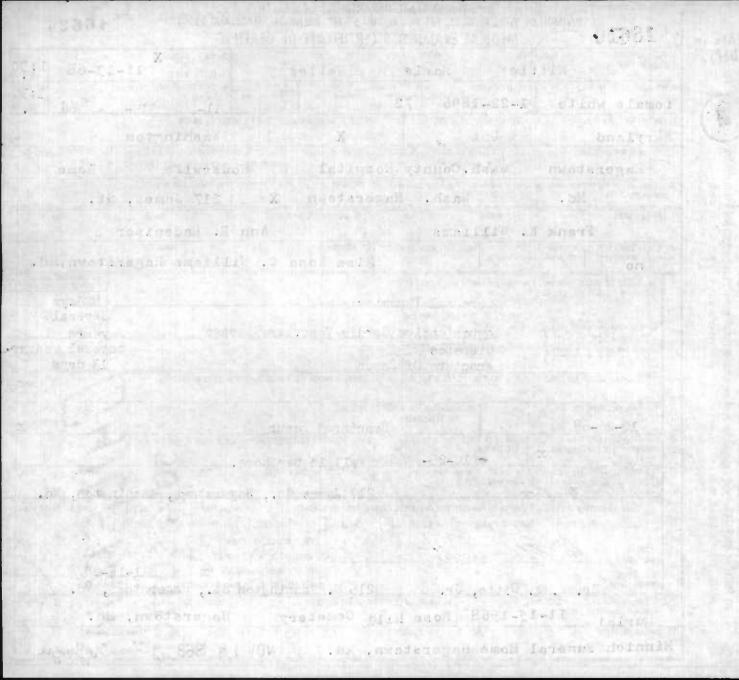
MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

16624

AL	2 5 TH		A I DEI	E PT.
1, 2, and 3 to	m PM3. Poge	(Deportment of	
Item 18. Give Pages	Office along with for	, , ,	land 2 with the Stot	after death.
vord "pending" in pracil in	he Chief Medical Examiner's)	ol-transit permit. File pages.	ony event within 72 hours
necessory, please execute the certificate, writing the w	the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page	5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages. Land 2 with the Storf Degestingent of	Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

1661	0		L EXAMIN						LAND 21			1002	4
1. DECEASED-NAME	First		Middle		471	Lost		-	2o. DATE	KNOWN	Month	Doy Yeor	2b. HOUR
(Type or Print)	Kit	tie	Mari	е	W	e11e	er			MATED	11-	13-68	1,39
3. SEX	4. RACE	S. DATE OF BIRTH	6.	AGE (In years	MONTHS	DER 1 YEAR	HOURS			RONOUNCEL			24 H9V5
female	white	1-22-1	.896	72 YRS		DAYS	HOURS	MIN.	Month		Doy 13-	Yeor 188	Δ. Λ
70. BIRTHPLACE (Sta		b. CITIZEN OF WHAT	COUNTRY?	8. MA	RRIED	NEVER MA	RRIED	9. COL	INTY OF DE	ATH			
Marylar	nd	USA		WID	OWED X	DIV	ORCED [Was	hing	ton		M
10. CITY OR TOWN C	OF DEATH		E OF HOSPITAL OI				12o. t		CCUPATION (12b. KIND OF BU	SINESS OR
	rstown		Count						usew	i i e	retired.)	Home	327.0
130. USUAL RESIDEN	ICE (Where deceose	d lived, if instituti	on: Residence bef				3d. INSIDE CITY		13e. STREE				
odmission) STAT	Md.	13b. COUNTY	Wash.	Hage	erst	own	YES X	NO 🗍	217	Jam	es,	St.	
14. FATHER'S NAME	First	Middle		st	15. MOT	HER'S MA	IDEN NAME	First			ddle	lo	st
WHEN TO COLD	Frank	K. Will	iams				A	nn	E. R	oden	iseı		
160. WAS DECEASED E (Yes, no, or unkno		ORCES?	6b. SOCIAL SECURIT		17. INFORM					ADDRES			
no	th yes give k	or or doles or service)		ľ	diss	Nor	ia C.	Wi	llia	ms H	ageı	stown,	
	F DEATH (Enter only		for (o), (b), ond	(c).)								APPROXIMAT BETWEEN ONSE	
PAKI I.	DEATH WAS CAUSED IMMEDIAT	E CAUSE (o) Ce	rehral T	hrombo	osis							li days	3
050	7		S A CONSEQUENCE									Several	
	ony, which gove diote couse (o).	(b) Hy	pertensi	ve Car	rdio	Vasc	ular	Dise	ease			vears	DAIL
	nderlying couse	DUE TO 198 4	S A CONSEQUENCE	OF							S	everal y	rears
last.)	(c) Fr:	acture 0	f Fem	ur			743			100	13 days	
PART 2. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTIN	G TO DEATH BUT I	NOT RELATED	TO THE T	ERMINAL D	ISEASE OR	CONDITIO	ON GIVEN IN	PART 1(o)			
260													
1%. DATE OF		1	9b. CONDITION FO WAS PERFORM		ERATION							20. AUTOPS	
10-2	26-68			Fra	actur	red F	'emur		100			YES	NO DE
190. DATE OF LONG CAUSE OF DEAL CAUSE OF DEA	CAUSE WAS OR CONTRIBUTING 5	21b. TIME OF IN HOUR A.M.	JURY Month, Doy,	Yeor	21c. HOW	INJURY O	CCURRED (E	nter notu	re of injury	in Port 1 o	r Port 2, I	tem 18.)	
CAUSE OF DEA	TH -	The state of the s	10-25-	1968	Fell	in	her h	ome.					
- 1210. 1110111 0	CCURRED 21e. P	LACE OF INJURY (At ory, office building,	home, form, stree	et,	21f. LOCAT	ION Street	or R.F.D. No).	City o	or Town		County	Stote
	AT WORK X	ome			777	lames	St.	Hag	gerste	V COM	Vashi	ngton, 1	ld.
22a. l	certify that I to	ak charge af the	remains descr	ibed abov	e, held c	in Auto	psy,	In	spectian [, In	quiry [, and in n	ny apinior
deoth r	esulted fram:	Natural couse	s 🔲 , Accid	ent,	Suicid	e	Homicio	de 🔲	Undet	ermined	manner		
	1/ 0	1	TV	de		CHI	EF MEDICAL	EXAMIN	ER 🔲				
SIGNATURE	SV,C	un o	MA	le		M.D. ASS	SISTANT MED	DICAL EXA	AMINER [-	22b. DATE		
EXAMINER'S							PUTY MEDIC					4-68	
NAME (Type)	DT - Ba	W. Ditto.	Jr.	2	215 W	L. WD	PERSONAL PROPERTY.	ton	wg or coun	'Hage	rstow	m. Md.	
230. BURIAL, CREMA	ATION, 23b.	DATE	23c. NAME	OF CEMETERY	Y OR CREA	MATORY		23d.	LOCATION	(City or Tov	vn)	(County) (Stote)
REMOVAL (Spe	1 11-	15-1968		Hi11	Ce	mete	ery		Hage				
24. FUNERAL DIREC				DRESS			2So. REC					SIGNATURE	
Minnich	1 Funera	1 Home	Hagers	town	, Md		DATE N	0V 1	8 19	68	Telo	relay Jus	ge.

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

6625

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1		CEASED-NAME	First		Middle	-	Last		2a. DATE	OF DEATH		117	2b. HOUR
	(1)	ype ar print)	KATHER	INE	ERWIN		WIBLE		NOVEN	BERMonth 4	oay 68	Yeor	7:45 M
1	3. SE	X		4. RACE	Viela III e		S. DATE OF E	BIRTH		6. AGE (In years last birthday)		R 1 YEAR	IF UNDER 24 HRS.
		FEMAL	E	WHITE			MARCH	4, 188	6	last birthday)	S. MONTHS	DAYS	HOURS MIN
1	7o. B	IRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	PRIED	9. COUNTY	OF DEATH			
	coun		LVANTA	U.S.A.		WIDOWED		RCED	WAS	SHINGTON			Md.
	10. C	TY OR TOWN OF		11. NAME	OF HOSPITAL OR INS	TITUTION (If r	ot in hospital	12o. USUA	L OCCUPATIO	N (Kind of work don	e 12b.	KIND OF	BUSINESS OR
1		GERSTOW			t address) HINGTON (HOM	EMAKER) IND OV	USTRY VN H	OME
		TATE (noise		d lived, if institution:	Residence before	13c. CITY OR		13d. INSIDE CITY LIV		STREET AND NUMBER			
	udilli	MA MA	RYLAND	13b. COUNTY WAS	SHINGTON	HAGER	STOWN	YES NO	10) EMERLD D	RIVE		400
Н	14. F	ATHER'S NAME	First	Middle	Lost	1:	. MOTHER'S A	AIDEN NAME F		Middle			Lost
			KNOWN		MILEER			KATHI	ERINE			RSON	1
	16a.	WAS DECEASED E	VER IN U.S. ARMI	r or deter of consiso)	o. SOCIAL SECURITY N		NFORMANT			10 Address	EMERA	TTD 1	DRIVE
	T I	es, no, or unknowi	(1) (11) 63 give we	L.	57-01-484	13 D R	OBERT (G WIBLE	, JR.	HAGERST	OWN,	MAR	
		1B. CAUSE OF D	EATH (Enter anly	r ane cause per line	(a), (b), and, (c).	0.4	0134-4	Min	1100	21/1			MATE INTERVAL HISET AND DEATH
		PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (a)	-07-TE,	900	grile d	740	D~114	Il.		101	14/14
		4100	7	DUE TO, OR AS A	CONSEQUENCE (OF)	1 3/2	2.1/2	A	41.4	- V18621	n '	AIK	Men.
		Canditians, if on		(b) (Mille	DYU	MITTE	1/21	77/	111111	0	0	chay.
		rise to immedia stating the und		DUE TO, OR AS A	CONSEQUENCE OF								
		last.	errying couse	(c)									
		PART 2. OTHER	NGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED I	THE TERMIN	AL DISEASE OR C	ONDITION GI	VEN IN PART 1(a)			- 19 1-74
H	7	42016	119811	1(4)	replu	119	147	1					
	CERTIFICATION	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUT	OPSY?		IF YES, WERE FINDING	CONSIDE	RED IN C	ERTIFYING
X	IFIC						YES	NO 🗀	CAUS	SES OF DEATH?			
ì		21a. ACCIDENT V	VAS UNDERLYING	21b. TIME OF IN.	JURY	21c. H	OW INJURY OF		nature of in	jury in Part 1 or Part	2, Item 18	1.)	
	MEDICAL	or contributing			Month Day Year								
		21d. INJURY OC	URRED 21e.	PLACE OF INJURY (AT			OCATION Stre	et ar R.F.D. Na.	Ci	ity ar Tawn	Cour	nty	State
-		While Not v	/hile	(OFF	ICE BUILDING, ETC.	/	0		-07	11.11	-		
				brestd (latigacel)	ed the decease	ed from	1-12	. 19.6	, to_	114	19.00	, that	(I) (We) last
		saw the	deceased al	ive an	180	9, an	d thot in (r	ny) (gar) api	nion deoth	occurred on the	date and	d hour	and fram the
			tated obove,	, (I) (∛⁄e) (did) (did	not) view the	body after	deoth.						
		22b. SIGNATURE	(har)	In/Ant	111	10	ATTEND	ING _ M	ED.	STAFF C	C. DATE SI		
		NVI	IVVUC	Maka	pur	DEGI	REE PHYS.	K Di	IRECTOR L	J PHYS.	11/	5/68	M-1-1-17
1		22d. PHYSICIAN'S NAME (Type		LARDIZABA	AT M D		22e. AD		OMAC	ST., HAGER	STOWN	I M	0
1								N. IUI					
	23a.	BURIAL, CREMATI	ON, 23b. D		23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCA	TION (City ar Tawn)	(Cau	nty)	(State)
	-	REMOVAL (Specific BURTAL)		11/7/68		ETON	GINGING	-		CETON, MERC			J.J.
	24.	FUNERAL DIRECTO	Paren	1	ADDRESS			2So. REC'D B	NEGISTRAP	1968 PC	SIGNAL	WE O	ndee
	-	ABULLA IV	1	7	TAC TOTO COMOT	TAT BEAT	DIST A BITS	DATE		IN VO	- 1	V	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the scheral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

X HOSE Portes CHRONA HEAT PHANE IN WASH Coloration preshed taken 71-4-18 18 11-4 18 With Free log LAT LAN The respect of the state of the See A Company See 1 VON 1 See male

Hagerstown

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gave rise ta immediate cause (a),

stating the underlying cause

7a. BIRTHPLACE (State or foreign

Maryland

14 FATHER'S NAME

10. CITY OR TOWN OF DEATH

Yes na ar unknawn)

23a. BURIAL CREMATION

Burial (Specify)

First

4. RACE

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before

James R. Wilson

(If yes give war or dates of service)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

7b. CITIZEN OF WHAT COUNTRY?

13b. COUNTY Wash.

USA

Middle

James

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DECEASED-NAME (Type ar print)

3 SEX

Middle Horace

white

CERTIFICATE OF DEATH Last 2g. DATE OF OFATH Wilson November 30.1988 S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bighday) HOURS 9-8-1911 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Washington WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Wash County Hospital during mast of working life, even if retired.) **INDUSTRY** Restaurant 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER Hagerstown YES ParkCircleTrailerCourt 1S. MOTHER'S MAIDEN NAME First Middle Last Susanna Tavlor 17. INFORMANT Mrs. Regina J. Wilson Hagerstown, Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY?

executed within 24 hours after death signed by the attending physician/ond completely filled in by t buriol-transit permit. Then please remove corbon papers. Pa burial, cremation, or removal, ond in ony event, within 72 hours requires that the death certificate physicion. Poge 4 moy be retained by the hospitol or attending prior to this certificate has been for use os the Health director, page 3 should be c should be filed with the Stote

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Manth Day Year

last

16b. SOCIAL SECURITY NO.

214-01-9136

YES 🗍 NO TE

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County

While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 9-27 saw the deceased alive on 9-23-1968, and that in (I

DUE TO, OR AS A CONSEQUENCE OF

. CONDITION FOR WHICH OPERATION WAS PERFORMED

1960, to 11-30 _1968, and that in (ny) (our) opinian death accurred an the date and have and from the causes stated above, (*) (we) (did) (did not) view the body after death.

DIRECTOR

22c. DATE SIGNED

2/2/68

State

(State)

ATTENDING PHYS. PHYSICIAN'S NAME (Type

22e. ADDRESS

998 Potomac Ave., Hagerstown, Md. 21740

STAFF

PHYS.

Dalton M. Welty. 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) (Caunty) Hagerstown, Md.

Rose Hill Cemetery ADDRESS

1968 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR Minnich Funeral Home Hagerstown, Md.

12-3-1968

23b. DATE

VR A15 (4)

ANN HARL OF THE RESIDENCE			to the second se
	Tieralio -		
			instant
rantumbas long		e times.hen	protest
Augustic Signification	X training	e de de de	
to Pres mane	and the control of	00.11	danie II.
. S. modene at meridy . L			The state of the s
	majaw kach	a republicania.	
	* C = C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
MARTER AND			anstatt
Later to a conversable	tin light s	trad seed Sour	91
		L'm.g inge, stain	Linniah Bineral

MARYLAND STATE DEPARTMENT OF HEALTH

		CTV (FIL and) For			o Ln a
			Settleton	100	500175
	sars in		engaži in		
. The was to Late	a cre	2 stated a	TOBOL.		tal.
	a maseria	138		illes .	S awland
.81 , male to		entialD	e legar	\$2043	
instead is	tiv men	els thed a	d Total Dig	0.011.198	

TO-RO-66 REST NEED COMPANY

Minister Internal done Hagerston, L.

. ale to restaurance.